

Barbara Nelson
Chair

Phone (518) 279-7168

Fax (518) 270-4642



Planning Commission
NOTICE of PUBLIC HEARING

William Dunne
Commissioner

Phone (518) 279-7166

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Notice is hereby given that the Planning Commission of the City of Troy, New York will conduct a public hearing on **Tuesday, July 21, 2015 at 6:00 P.M.** in the City Council Chambers, 5th Floor, City Hall, 433 River Street, in order to hear and decide on proposals for development as follows:

Old Business Agenda

PC2015-007 SEQRA & Conceptual Site Plan Review – proposal to construct a multi-story, mixed-use building structure at 1 Monument Square for the purpose of residential use (apartment dwellings), assembly use (Troy Farmer’s Market as well as restaurant), zoned B-4, ID 101.53-1-1. Applicant is Monument Square, LLC of 199 West Road, Pleasant Valley, New York 12569

New Business Agenda

PC2015-059 SEQRA & Site Plan Review –Applicant is proposing a retail use (home-goods store and coffee bar). The building is located at 147 Fourth St, zoned B-4, ID 101.61-6-7. Applicant is Mike Romig of 116 Forts Ferry Rd. Latham, NY 12110.

PC2015-0060 SEQRA & Site Plan Review- Applicant is proposing to demolish a building on the property and construct an addition to the existing Gaerttner Linear Accelerator Center for Rensselaer Polytechnic Institute. The property is located at 220 Sunset Terrace, zoned INST, ID 101.50-1-1./1. Applicant is McKinney McDonald Architects of 11 British American Blvd Latham, NY 12110.

PC2015-0061 SEQRA & Site Plan Review- Applicant is proposing a business use (tattoo parlor). The building is located at 443 Fifth Ave, zoned B-2, ID 80.71-4-15.2. Applicant is Chad LeComb of 901 5th Ave. Troy, NY 12182.

PC2015-0062 SEQRA & Site Plan Review- Applicant is proposing an assembly use (fast food restaurant). The property is located at 120 Hoosick St. zoned B-3, ID 101.31-10-3./1. Applicant is Bohler Engineering of 17 Computer Drive West Albany, NY 12205.

PC2015-0063 SEQRA & Site Plan Review- Applicant is proposing a clothing store. The property is located at 561-565 Congress St, zoned B-2, ID 101.80-2-44. Applicant is Amanda Medina 220 6th Ave Apt 101 bldg A Troy, NY 12180.

PC2015-0064 SEQRA & Site Plan Review- Applicant is proposing a laundry mat. Previous use was a laundry mat. The building is located at 3 Winter St, zoned B-1, ID 112.83-3-11. Applicant is David Richter 66 North Pine Ave Albany, NY 12203.

PC2015-0065 SEQRA & Site Plan Review- Applicant is proposing to open a fire protection business (sprinkler systems). The property is located at 363 Fifth Ave, zoned B-2, ID 80.79-6-4. Applicant is Edward Matthews 36 Little Bear Rd. Troy, NY 12182.

PC2015-0066 SEQRA & Site Plan Review- Applicant is proposing 75 residential units. The property is located at 432-450 River St, zoned HWD, ID 101.38-1-1. Applicant is Vencino Bond Group LLC of 305 West Commercial Street Springfield, MO 65803.

PC2015-0067 SEQRA & Site Plan Review- Applicant is proposing storage and office space to suit. The property is located at 80 Second Ave, zoned B-2, ID 90.46-2-40.1. Applicant is Zack Mian 850 River St. Troy, NY 12180.

Should any unforeseen events occur, any of the proposals noted herein may not be reviewed at said hearing. Any proposals previously tabled by the Commission may be reviewed at this hearing without benefit of public notice. Any other proposals reviewed by the Commission at this hearing will receive publication in this newspaper at least five days prior to the hearing date.

Auxiliary aids and services are available for individuals or groups with disabilities. Please provide one-week advance notice for such service. For information contact the Troy Bureau of Engineering at 279-7179. Any person having interest in the above matters will be heard at said time and place.

City of Troy Planning Commission
Andrew J. Donovan, Executive Secretary

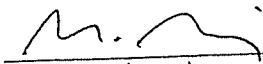
The City of Troy
Application For Permit

Location of Work: 147 Fourth St.		
Property Owner: Michael Romig	Address: 147 Fourth St.	Phone: 585-405-8619
Contractor: LA Gonzalez	Address:	Phone:
Tenant:	Address:	Phone:

<input type="checkbox"/> New Building <input type="checkbox"/> Building Addition <input type="checkbox"/> Alterations <input checked="" type="checkbox"/> Repairs <input type="checkbox"/> Siding <input type="checkbox"/> Roofing <input type="checkbox"/> Sign <input type="checkbox"/> Sitework <input checked="" type="checkbox"/> Miscellaneous <input type="checkbox"/> Excavation	Description Of Work: Build-out of Commercial space for retail store with coffee bar Current Use: Empty Proposed Use: Retail
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Construction Trades	Construction Cost	Contractors Information
<input checked="" type="checkbox"/> General	6,000	LA Gonzalez
<input checked="" type="checkbox"/> Plumbing	4,000	
<input checked="" type="checkbox"/> Electrical	5,000	
<input checked="" type="checkbox"/> HVAC	10,000	
<input type="checkbox"/> Demolition		
<input type="checkbox"/> Excavation		
<input type="checkbox"/> Other		
Total:	25,000	

I hereby make application for issuance of a permit for work described above. I agree that no person will be employed without providing workers compensation and disability benefits law coverage, as required by state law, and that all applicable ordinances of the City shall be complied with. I declare. Subject to penalty of perjury that statements made herein are true and correct to the best of my knowledge.

<input checked="" type="checkbox"/> OWNER	APPLICANT'S SIGNATURE	
<input type="checkbox"/> CONTRACTOR	APPLICANT'S NAME (PRINT)	Michael Romig
<input type="checkbox"/> OTHER	APPLICANT'S EMAIL	MMR.Romig@gmail.com
	DATE	18 June 15

buildingpermits@troynv.gov (518) 687-1140

~~Original~~

Short Environmental Assessment Form
Part 1 - Project Information

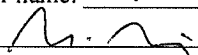
Instructions for Completing

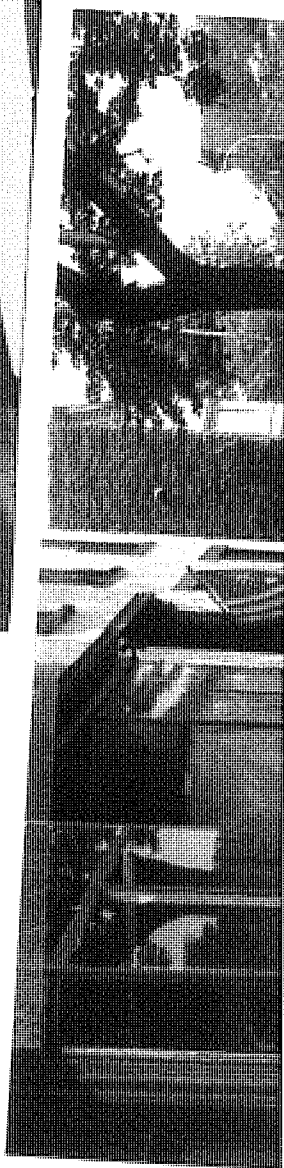
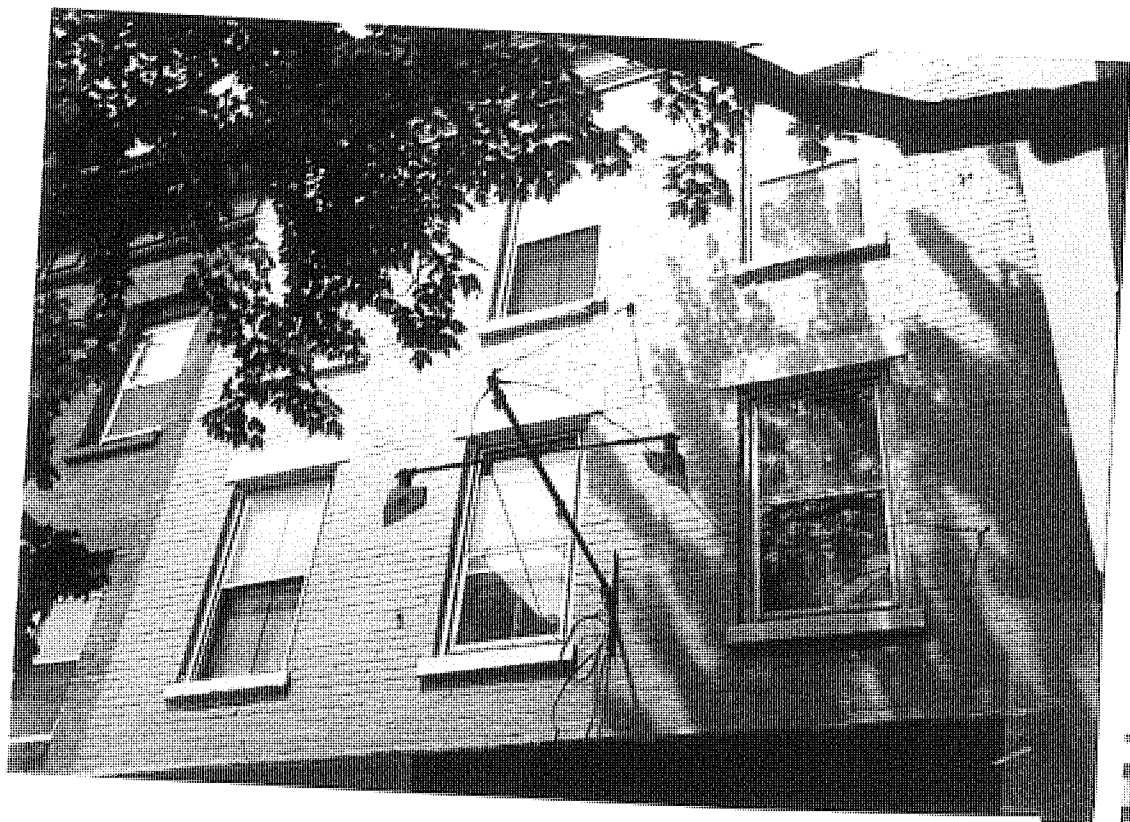
Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 - Project and Sponsor Information			
Name of Action or Project: Tenant Fit-up of commercial space at 147 Fourth St.			
Project Location (describe, and attach a location map): 147 Fourth Street, Troy, NY 12180			
Brief Description of Proposed Action: Fit-up of a retail store with a coffee, beer & wine bar in rear with additional seating in back patio area.			
Name of Applicant or Sponsor: Michael Romig		Telephone: 585-905-8619	
		E-Mail: MMRRomig@gmail.com	
Address: 147 Fourth Street			
City/PO: Troy, NY		State: NY	Zip Code: 12180
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?		NO	YES
If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency?		NO	YES
If Yes, list agency(s) name and permit or approval: City of Troy, Building Permit		<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		.5 acres	
b. Total acreage to be physically disturbed?		0 acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		.5 acres	
4. Check all land uses that occur on, adjoining and near the proposed action.			
<input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____			
<input type="checkbox"/> Parkland			

5. Is the proposed action, a. A permitted use under the zoning regulations?	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	
b. Are public transportation service(s) available at or near the site of the proposed action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	
b. Is the proposed action located in an archeological sensitive area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	
16. Is the project site located in the 100 year flood plain?	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <input type="checkbox"/> NO <input type="checkbox"/> YES	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: <input type="checkbox"/> NO <input type="checkbox"/> YES _____ _____			

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor name: <u>Michael Ronig</u> Date: <u>6 July 2015</u> Signature: <u></u>		



CONGRESS STREET 1-WAY TRAFFIC (60' ROW)

HISTORIC-STYLE LAMP POST (TYP.)
6" GRANITE CURB (TYP.)
STREET TREE W/PLANTING BED (TYP.)

MAN HOLE (TYP.)
CATCH BASIN, TYP.

CROSSWALK SIGNAL TYP.

FIRE HYDRANT, TYP.

UTILITY POLE W/ LIGHT, TYP.

CONCRETE SIDEWALK

4th STREET 1-WAY TRAFFIC (70' ROW)

CONCRETE SIDEWALK

ASPHALT PARKING LOT

CHURCH STREET (ALLEY) 2-WAY TRAFFIC (20' ROW)

GENERAL NOTES:

Property : 147 Fourth Street
Troy, NY 12180

Applicant : Mike Romig
147 Fourth Street
Troy, NY 12180

Owner : Same as applicant

Tax Map #: 101.61-6-7

Zoned: B-4, Central Commercial

Lot Characteristics:

Lot Dimensions:	N-120', S-120', E-25', W-25'	
Lot Area:	3,000 SF +/- (.07 Acres)	
Setbacks:	Required	Existing
Front	N/A	0'-0"
Rear	20'-0"	64'-0" +/-
Sides	N/A	3'-0"
Min. Lot Area:	N/A	3,000 SF
Min. Lot Width	N/A	25'
Max. Lot Coverage %	80%	63%
Building Height:	80'-0" max	Existing

Building Type: 3 story masonry mixed use building

Current Property Use: Vacant storefront with apartments above

Proposal : Occupy vacant storefront for retail home goods store with coffee bar

Parking : Off-street parking - N/A

Garbage Removal: Via city

Surface Drains: Existing

Snow Removal: To be stored on site

Lighting: Existing building mounted

Hours of Operation: Tue - Sat: 8AM - 8PM
Closed Mondays

All new taps into City water and sewer lines are to be done by City personnel using approved materials supplied by the applicant. The applicant will reimburse the City for labor and equipment costs associated with the utility taps.

This plan is based on information provided by the applicant, available Sanborn maps, Rensselaer County Tax Maps, and limited field measurements. A survey was not performed. These plans are not intended to provide information necessary to obtain a Building Permit.

SITE PLAN

SCALE: 1:30



TITLE: SITE PLAN
SCALE: 1"=30'-0"

PROJECT: PLANNING APPLICATION FOR:
147 FOURTH STREET
TROY, NY 12180
CLIENT: MIKE ROMIG

DATE: 04/29/15
DRAWN BY: EC
REVISIONS:



TROY ARCHITECTURAL
PROGRAM, PC
210 RIVER ST.
TROY, NY 12180

(518) 274-3050

SHEET:

SPI

JOB: 133,051.02

<div>TROY</div> <div>Site Plan Review Application</div> <div>City of Troy, New York</div>		Zone District INST
Applicant Name	Phone Number (s)	ZBA Case #
McKinney McDonald Achitectes 11 British American Blvd Latham NY 12110	Phone No. () -	
	Office No. (518) 783-8933	PC Case #
	Pager No. () -	PC2015-0060
	Fax No. (518) 783-9577	
Property Owner		PC Status
R P I C/O ATTN: REAL ESTATE MGM		
Pursuant to the Provisions of Article 3.308, A of the Zoning Ordinance, I (we) do hereby apply to the Zoning Board of Appeals for the following:		
Project Location	Ward/Plate	Tax Map ID
220 SUNSET TER	1412940	101.50-1-1/1
Project Description		
Applicant is proposing to demo a building on property and rebuild. The new building will be connected to the building next to it. If the new building is not connected zoning is required.		
Planning Commission Review Required	Current Use	Proposed Use
SEQRA & Site Plan Review	College and university facility exclusive of fraternities and sororities	College and university facility exclusive of fraternities and sororities
Planning Commission Hearing Date		Filing Fee
Tuesday, July 21, 2015		\$ 500.00
RESOLUTION		
THE TROY CITY PLANNING COMMISSION HEREBY DIRECTS STAFF TO PROVIDE ALL APPLICANTS WITH THE FOLLOWING STATEMENT: "APPLICANTS SHOULD BE DULY ADVISED THAT ALL ELEMENTS REQUIRED FOR APPLICATION FOR SITE PLAN REVIEW MUST BE FULLY ADDRESSED. IN THE EVENT THAT THESE ELEMENTS ARE NOT ADDRESSED, THE COMMISSION RESERVES THE RIGHT TO TABLE THE APPLICATION UNTIL SUCH TIME THAT THE APPLICANT DOES ADDRESS THEM TO THE SATISFACTION OF THE COMMISSION."		

I (we) understand that I (we) am responsible for the placement of notification signs per section 3.607 of the Zoning Ordinance.

I (we) certify that the information contained in this application and on the Site Plan(s) submitted with this application is to the best of my (our) knowledge accurate and correct and that I (we) have read and understand the above resolution and the instructions provided by the Staff.

SIGNATURE OF APPLICANT:  Date Signed: 07/08/2015

*** RETURN THIS APPLICATION WITH FILING FEE AND 16 SITE PLAN COPIES ***

**The City of Troy
Application For Permit**

220 SUNSET TERRACE

Location of Work: <u>RPI - GABRIEL LINEAL ACCELERATOR CENTER</u>		
Property Owner: <u>RPI</u>	Address: <u>3021 TIBBIS AVE</u>	Phone: <u>518-793-8933</u>
Contractor: <u>TBD</u>	Address:	Phone:
Tenant: <u>RPI</u>	Address:	Phone:

<input type="checkbox"/> New Building <input checked="" type="checkbox"/> Building Addition <input type="checkbox"/> Alterations <input type="checkbox"/> Repairs <input type="checkbox"/> Siding <input type="checkbox"/> Roofing <input type="checkbox"/> Sign <input type="checkbox"/> Sitework <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Excavation	Description Of Work:
	<u>SEE PLANS</u>
	Current Use: <u>RESEARCH LABS</u>
	Proposed Use: <u>- SAME -</u>

Construction Trades	Construction Cost	Contractors Information
<input checked="" type="checkbox"/> General		<u>TRAD MLB CONSTRUCTION SERVICES</u>
<input type="checkbox"/> Plumbing		
<input checked="" type="checkbox"/> Electrical		
<input checked="" type="checkbox"/> HVAC		
<input type="checkbox"/> Demolition		
<input type="checkbox"/> Excavation		
<input type="checkbox"/> Other		
Total:	<u>\$100,000</u>	

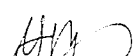
I hereby make application for issuance of a permit for work described above. I agree that no person will be employed without providing workers compensation and disability benefits law coverage, as required by state law, and that all applicable ordinances of the City shall be complied with. I declare. Subject to penalty of perjury that statements made herein are true and correct to the best of my knowledge.

<input type="checkbox"/> OWNER	APPLICANT'S SIGNATURE	<u>[Signature]</u>
<input type="checkbox"/> CONTRACTOR	APPLICANT'S NAME (PRINT)	<u>GEORGE MACDONALD</u>
<input checked="" type="checkbox"/> OTHER	APPLICANT'S EMAIL	<u>gmacdonald@mmarchs.com</u>
<u>ARCHITECT</u>	DATE	<u>7/7/15</u>

buildingpermits@trovny.gov (518) 687-1140

SHORT ENVIRONMENTAL ASSESSMENT FORM

PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

<p>1. APPLICANT/SPONSOR Geoff MacDonald - McKinney MacDonald Architects c/o RPI</p>	<p>2. PROJECT NAME LINAC Experimental Field Station Addition & Modulator Room Expansion</p>
<p>3. PROJECT LOCATION:</p> <p>Municipality City of Troy County Rensselaer</p>	
<p>4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map)</p> <p>Gaertner Linear Accelerator Center, RPI, 3021 Tibbits Ave., Troy NY 12180</p>	
<p>5. PROPOSED ACTION IS:</p> <p> <input checked="" type="checkbox"/> New <input checked="" type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration </p>	
<p>6. DESCRIBE PROJECT BRIEFLY:</p> <p>Includes two work areas, one will be a 1058SF metal building addition to the existing monitoring station and will serve as a new field station for research. The second, will be a 1075SF addition and expansion to the existing modular room and will serve as the location for new research equipment.</p>	
<p>7. AMOUNT OF LAND AFFECTED:</p> <p>Initially <u>.80</u> acres Ultimately <u>.05</u> acres</p>	
<p>8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS?</p> <p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly </p>	
<p>9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT?</p> <p> <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input checked="" type="checkbox"/> Other </p> <p>Describe: Educational</p>	
<p>10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)?</p> <p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, list agency(s) name and permit/approvals: </p>	
<p>11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL?</p> <p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, list agency(s) name and permit/approvals: </p>	
<p>12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION?</p> <p> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </p>	
<p>I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE</p> <p>Applicant/sponsor name: <u>Geoff MacDonald</u> Date: <u>7/6/15</u></p> <p>Signature: <u></u></p>	

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? If yes, coordinate the review process and use the FULL EAF.

☐ Yes☐ No

B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency.

☐ Yes☐ No

C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible)

C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly:

C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly:

C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly:

C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly:

C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly:

C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly:

C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:

D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)?

☐ Yes☐ No

If Yes, explain briefly:

E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS?

☐ Yes☐ No

If Yes, explain briefly:

PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

☐ Check this box if you have identified one or more potentially large or significant adverse impacts which **MAY** occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.

☐ Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action **WILL NOT** result in any significant adverse environmental impacts **AND** provide, on attachments as necessary, the reasons supporting this determination

Name of Lead Agency

Date

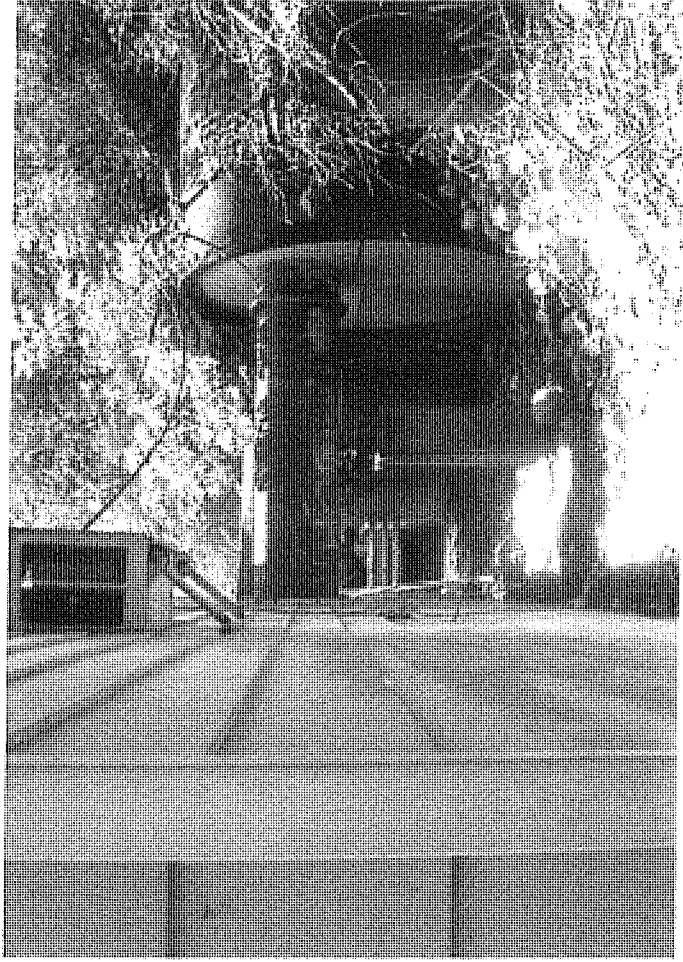
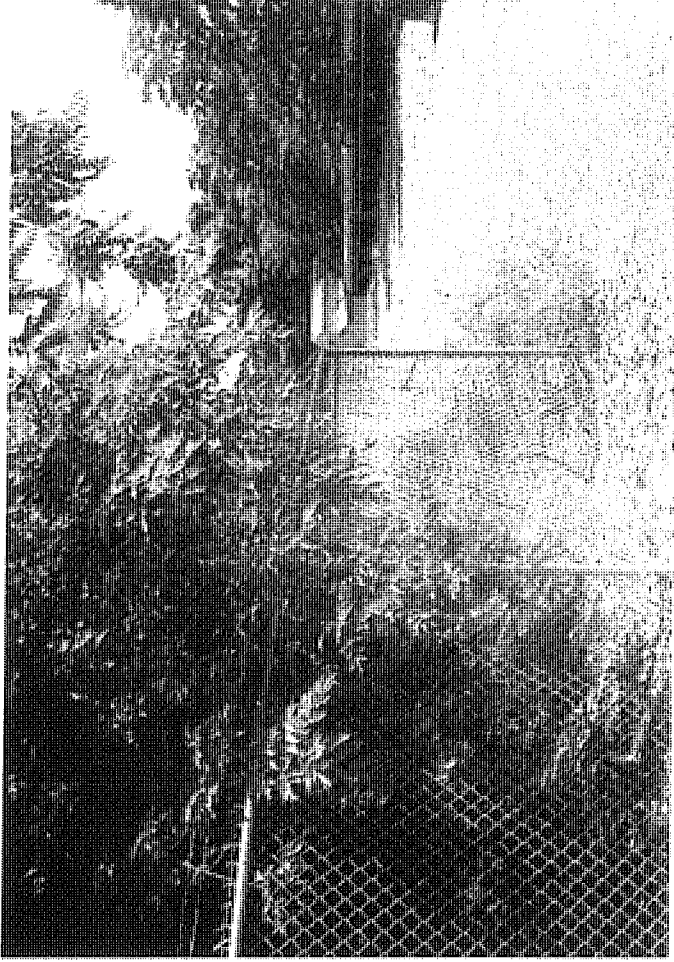
Print or Type Name of Responsible Officer in Lead Agency

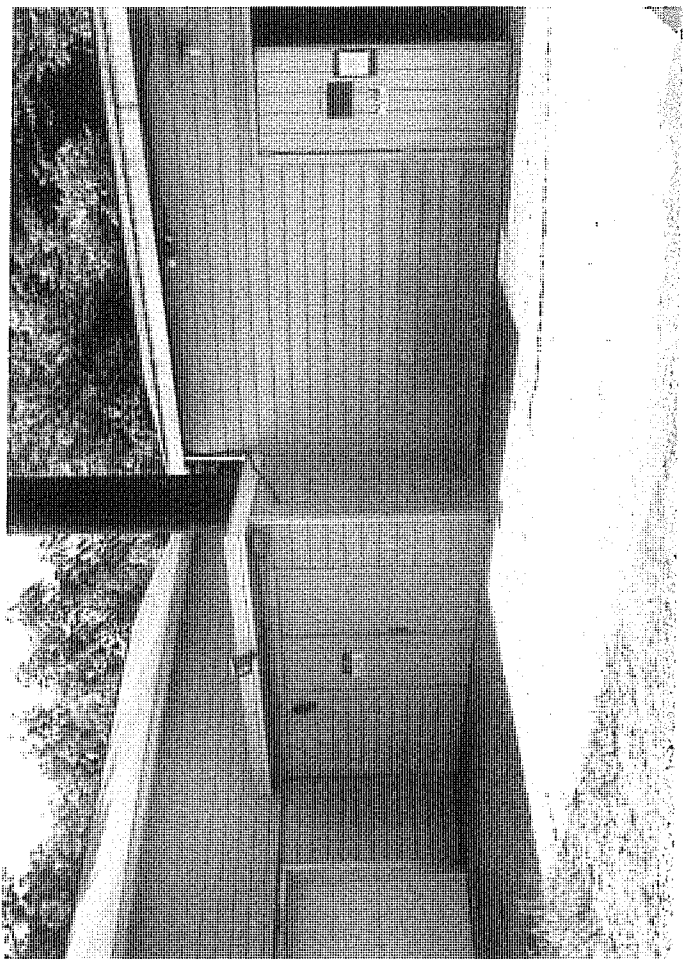
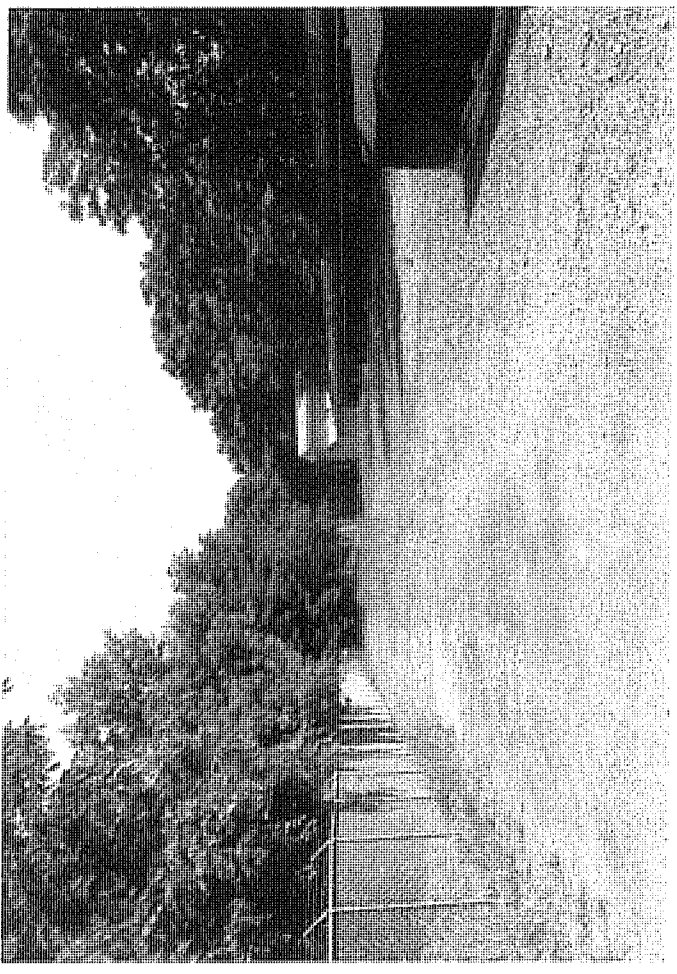
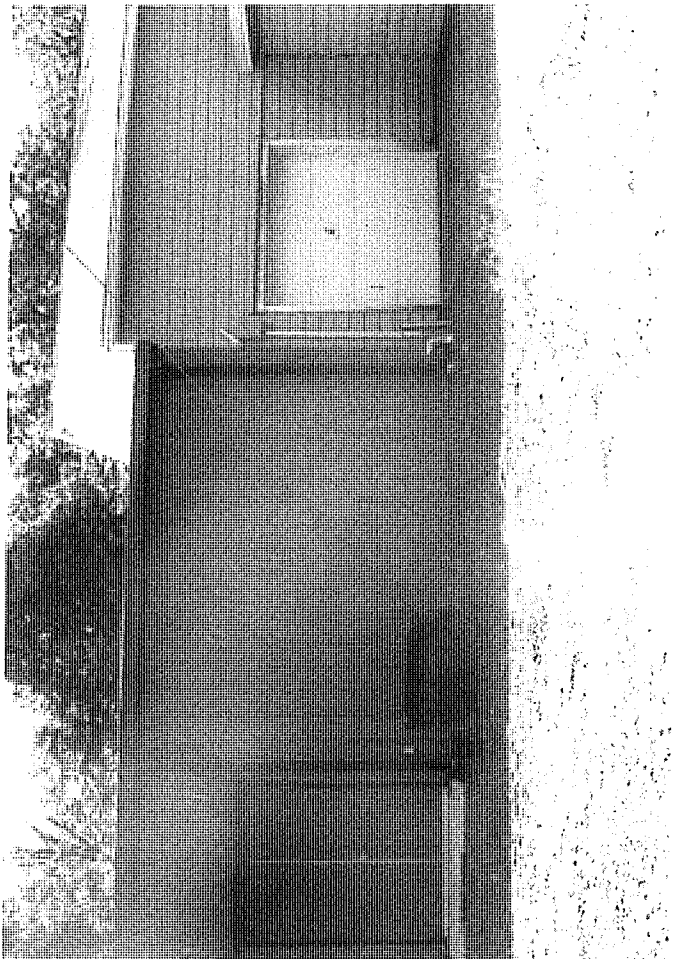
Title of Responsible Officer

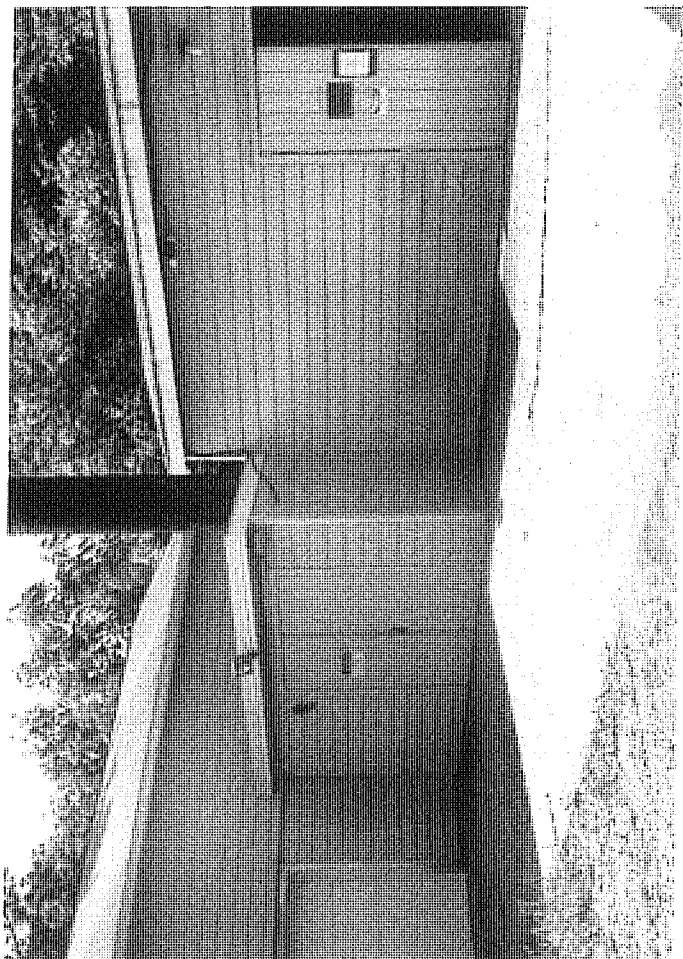
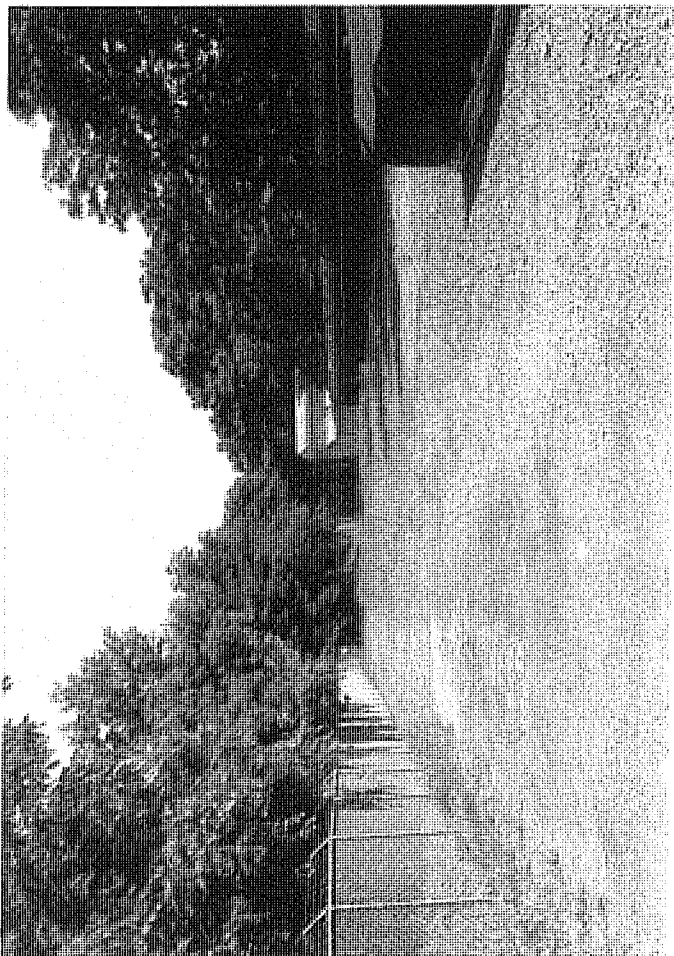
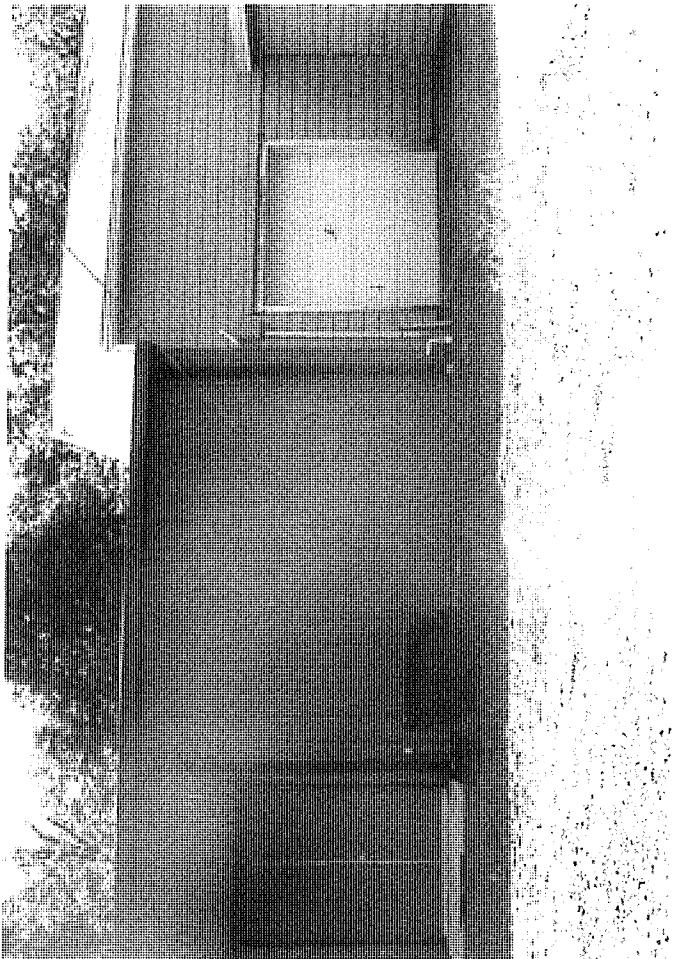
Signature of Responsible Officer in Lead Agency

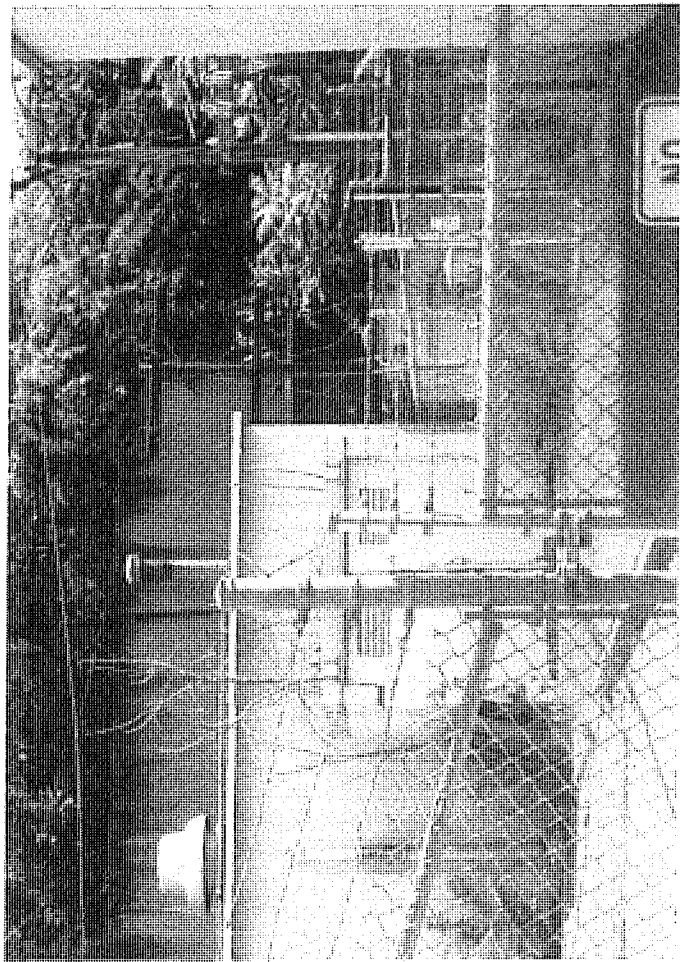
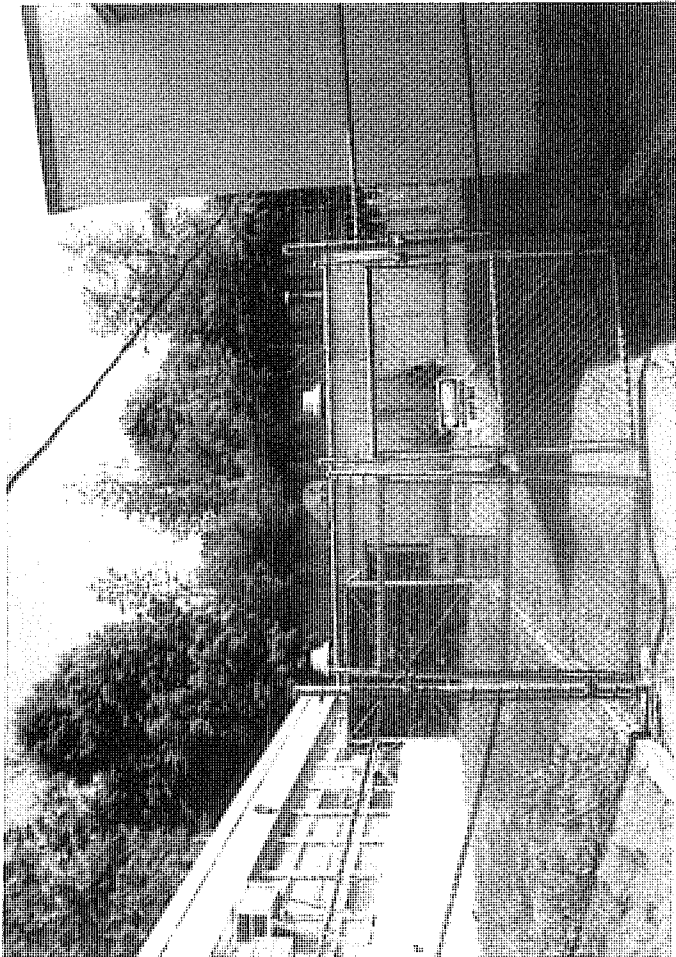
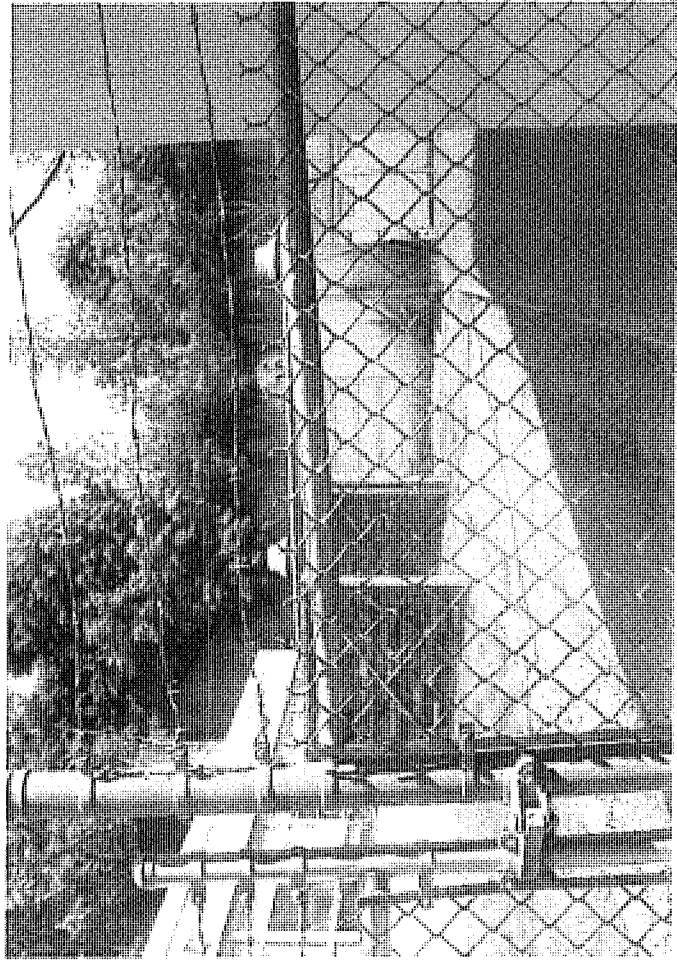
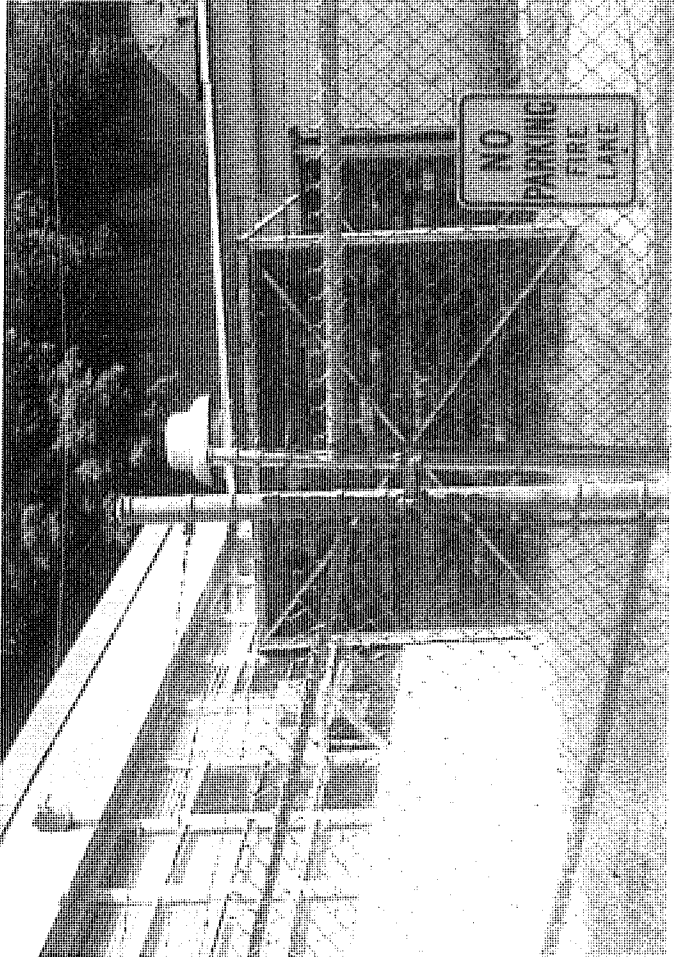
Signature of Preparer (If different from responsible officer)

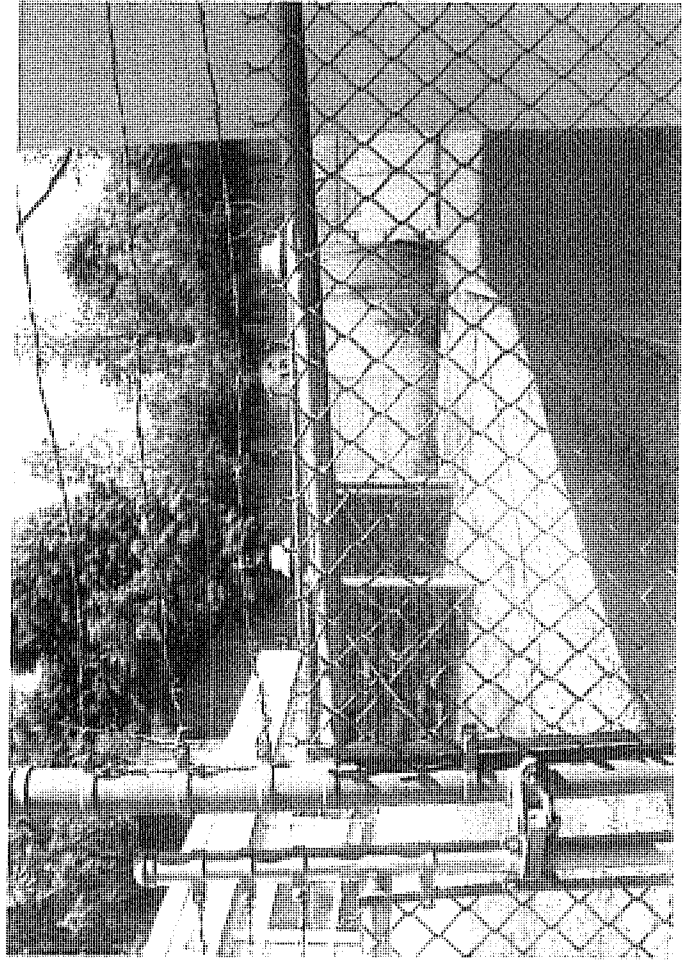
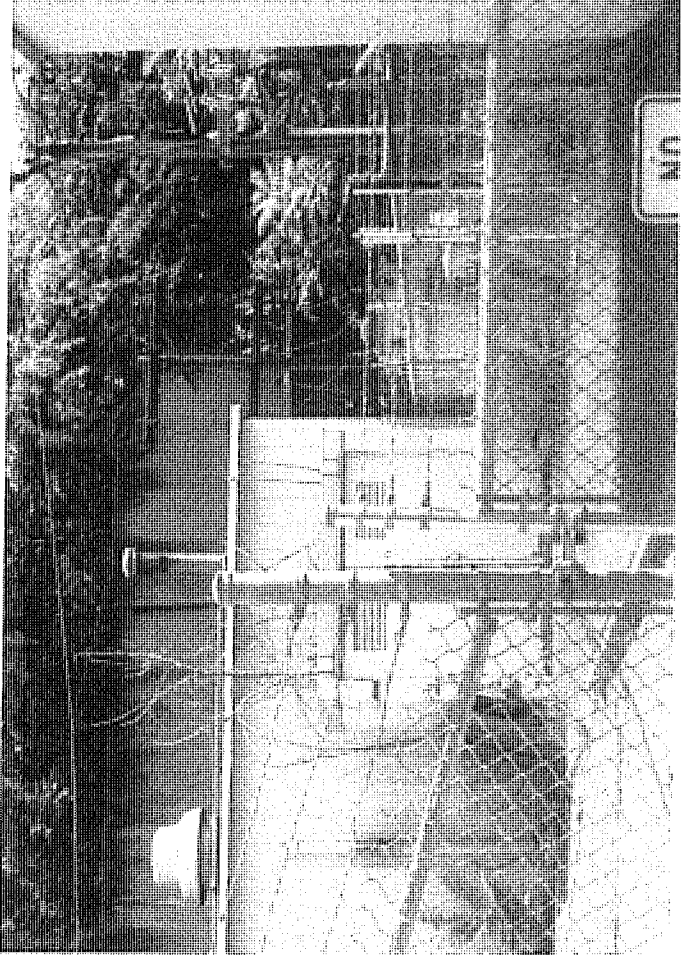
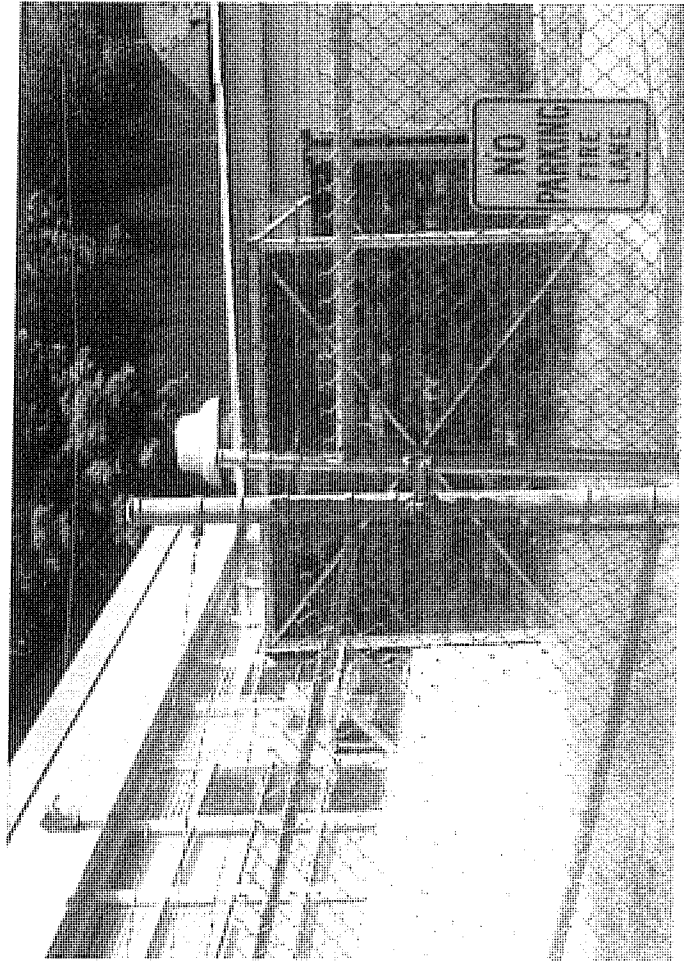
Reset











<div>TROY</div> <div>Site Plan Review Application</div> <div>City of Troy, New York</div>		Zone District B-2
Applicant Name	Phone Number (s)	ZBA Case #
Chad Lecomb 901 5th Ave Troy NY 12182	Phone No. () -	ZB2015-0022
	Office No. () -	PC Case #
	Pager No. (518) 605-6969	PC2015-0061
Fax No. () -		
Property Owner		PC Status
STEBBINS DEAN LECOMB CHAD		
<div>Pursuant to the Provisions of Article 3.308, A of the Zoning Ordinance, I (we) do hereby apply to the Zoning Board of Appeals for the following:</div>		
Project Location	Ward/Plate	Tax Map ID
443 FIFTH AVE	1605641	80.71-4-15.2
Project Description		
Applicant is proposing to open a Tattoo Parlor		
Planning Commission Review Required	Current Use	Proposed Use
SEQRA & Site Plan Review		
Planning Commission Hearing Date		Filing Fee
Tuesday, July 21, 2015		\$ 100.00
RESOLUTION		
<div>THE TROY CITY PLANNING COMMISSION HEREBY DIRECTS STAFF TO PROVIDE ALL APPLICANTS WITH THE FOLLOWING STATEMENT:</div> <div>"APPLICANTS SHOULD BE DULY ADVISED THAT ALL ELEMENTS REQUIRED FOR APPLICATION FOR SITE PLAN REVIEW MUST BE FULLY ADDRESSED. IN THE EVENT THAT THESE ELEMENTS ARE NOT ADDRESSED, THE COMMISSION RESERVES THE RIGHT TO TABLE THE APPLICATION UNTIL SUCH TIME THAT THE APPLICANT DOES ADDRESS THEM TO THE SATISFACTION OF THE COMMISSION."</div>		

I (we) understand that I (we) am responsible for the placement of notification signs per section 3.607 of the Zoning Ordinance.

I (we) certify that the information contained in this application and on the Site Plan(s) submitted with this application is to the best of my (our) knowledge accurate and correct and that I (we) have read and understand the above resolution and the instructions provided by the Staff.

SIGNITURE OF APPLICANT:  Date Signed: 07/08/2015

*** RETURN THIS APPLICATION WITH FILING FEE AND 16 SITE PLAN COPIES ***

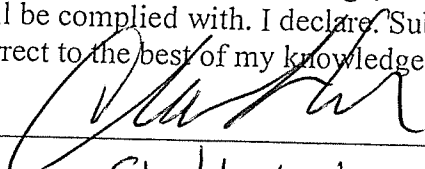
The City of Troy
Application For Permit

Location of Work: 443 5th Ave		
Property Owner: Demo Chad LeCom	Address: 901 5th Ave	Phone: 518 605 6969
Contractor: Owner	Address:	Phone:
Tenant: Mike Kirk	Address:	Phone:

<input type="checkbox"/> New Building <input type="checkbox"/> Building Addition <input type="checkbox"/> Alterations <input type="checkbox"/> Repairs <input type="checkbox"/> Siding <input type="checkbox"/> Roofing <input type="checkbox"/> Sign <input type="checkbox"/> Sitework <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Excavation	Description Of Work:
	Change of use from Restaurant
	to Tattoo Studio. Apply new vinyl
	flashing + cosmetic sheet rock
	Current Use: Restaurant / Bar
	Proposed Use: Tattoo / Art Studio

Construction Trades	Construction Cost	Contractors Information
<input checked="" type="checkbox"/> General	\$700	Owner
<input type="checkbox"/> Plumbing		
<input type="checkbox"/> Electrical		
<input type="checkbox"/> HVAC		
<input type="checkbox"/> Demolition		
<input type="checkbox"/> Excavation		
<input type="checkbox"/> Other		
Total:		

I hereby make application for issuance of a permit for work described above. I agree that no person will be employed without providing workers compensation and disability benefits law coverage, as required by state law, and that all applicable ordinances of the City shall be complied with. I declare. Subject to penalty of perjury that statements made herein are true and correct to the best of my knowledge.

<input checked="" type="checkbox"/> OWNER	APPLICANT'S SIGNATURE	
<input type="checkbox"/> CONTRACTOR	APPLICANT'S NAME (PRINT)	Chad LeCom
<input type="checkbox"/> OTHER	APPLICANT'S EMAIL	chadlecom@hotmail.com
	DATE	6/22/15

Buildingpermits@troynv.gov (518-687-1140)

Short Environmental Assessment Form Part 1 - Project Information

Instructions for Completing

Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

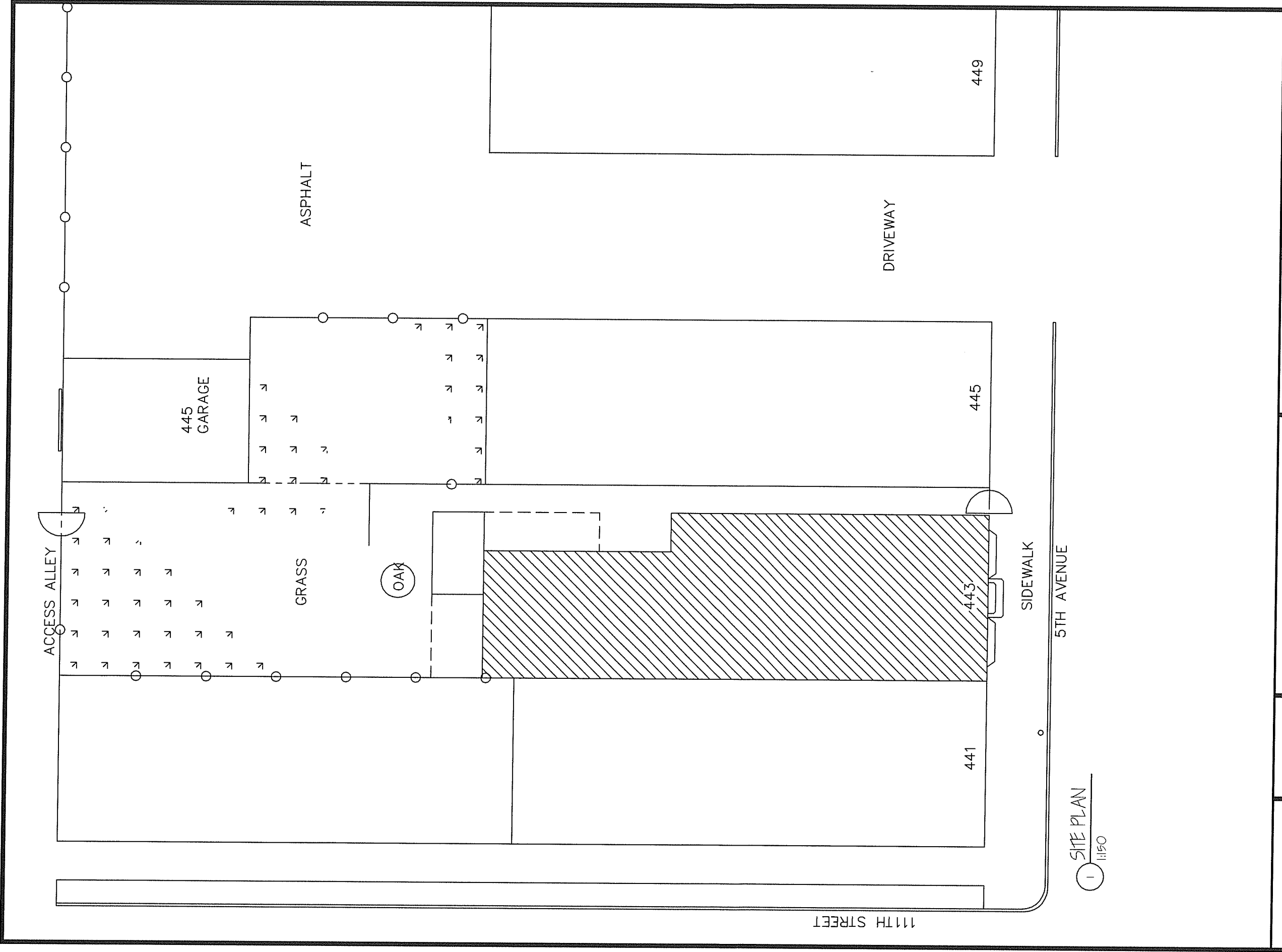
Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 - Project and Sponsor Information			
Name of Action or Project: <u>M.K. Tattoo</u>			
Project Location (describe, and attach a location map): <u>Tenant Change</u> <u>443 5th Ave Troy</u>			
Brief Description of Proposed Action: <u>Change of use from Restaurant to</u> <u>Tattoo/Art studio</u>			
Name of Applicant or Sponsor: <u>Chad LeComb</u>		Telephone: <u>518 605-6969</u>	
Address: <u>901 5th Ave Troy NY 12182</u>		E-Mail: <u>chadlecomb@hotmail.com</u>	
City/PO: <u>Troy</u>		State: <u>NY</u>	Zip Code: <u>12182</u>
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.		NO	YES
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:		NO	YES
		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		<u>.06</u> acres	
b. Total acreage to be physically disturbed?		<u>0</u> acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		<u>.06</u> acres	
4. Check all land uses that occur on, adjoining and near the proposed action.			
<input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban) <input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Parkland			

5. Is the proposed action.		NO	YES	N/A
a. A permitted use under the zoning regulations?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?		<input type="checkbox"/>	NO	YES
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____		<input type="checkbox"/>	NO	YES
8. a. Will the proposed action result in a substantial increase in traffic above present levels?		<input checked="" type="checkbox"/>	NO	YES
b. Are public transportation service(s) available at or near the site of the proposed action?		<input checked="" type="checkbox"/>	NO	YES
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____		<input type="checkbox"/>	NO	YES
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____		<input type="checkbox"/>	NO	YES
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____		<input type="checkbox"/>	NO	YES
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?		<input type="checkbox"/>	NO	YES
b. Is the proposed action located in an archeological sensitive area?		<input checked="" type="checkbox"/>	NO	YES
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?		<input checked="" type="checkbox"/>	NO	YES
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____		<input checked="" type="checkbox"/>	NO	YES
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Suburban				
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?		<input checked="" type="checkbox"/>	NO	YES
16. Is the project site located in the 100 year flood plain?		<input checked="" type="checkbox"/>	NO	YES
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____		<input checked="" type="checkbox"/>	NO	YES
		<input checked="" type="checkbox"/>	NO	YES

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____	NO	YES
_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____	NO	YES
_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____	NO	YES
_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor name: <u>Charles Limb</u> Date: <u>6/22/15</u> Signature: _____		

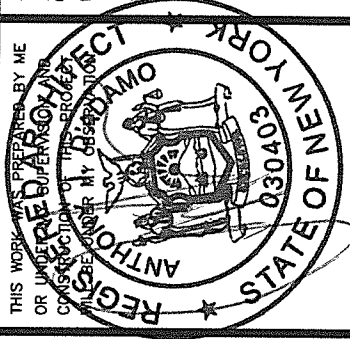





1 SITE PLAN
1/150

SCALE :	AS NOTED	REVISIONS :
DATE :	19 JUNE 15	△
DRAWN :	ADD	△
SHEET #		△
ST1		△

443 5TH AVE TROY, NY
M.K. TATTOO & GALLERY
SITE PLAN



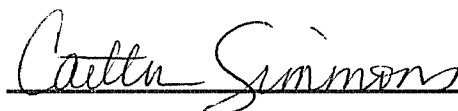
CAPITAL ARCHITECTURE
86 REMSEN STREET
COHOES, NEW YORK 12047
253 1442 CELL
capitalarchitecture@yahoo.com

 Site Plan Review Application City of Troy, New York		Zone District B-3
Applicant Name	Phone Number (s)	ZBA Case #
Bohler Engineering Josh O'Conn 17 Computer Drive west Albany NY 12205	Phone No. () -	
	Office No. (518) 438-9900	PC Case #
	Pager No. (518) 573-4778	PC2015-0062
	Fax No. (518) 438-0900	
Property Owner		PC Status
TROY PLAZA SC, L.P.		
Pursuant to the Provisions of Article 3.308, A of the Zoning Ordinance, I (we) do hereby apply to the Zoning Board of Appeals for the following:		
Project Location	Ward/Plate	Tax Map ID
120 HOOSICK ST	0702700	101.31-10-3./1
Project Description		
Applicant is proposing a fast food restaurant		
Planning Commission Review Required	Current Use	Proposed Use
SEQRA & Site Plan Review	Grocery store, pharmacy, bakery	Restaurants that can accommodate more than 25 customers at one time or requiring a lot larger than 8,000 sq ft in area
Planning Commission Hearing Date		Filing Fee
Tuesday, July 21, 2015		\$ 500.00
RESOLUTION		
<p>THE TROY CITY PLANNING COMMISSION HEREBY DIRECTS STAFF TO PROVIDE ALL APPLICANTS WITH THE FOLLOWING STATEMENT:</p> <p>"APPLICANTS SHOULD BE DULY ADVISED THAT ALL ELEMENTS REQUIRED FOR APPLICATION FOR SITE PLAN REVIEW MUST BE FULLY ADDRESSED. IN THE EVENT THAT THESE ELEMENTS ARE NOT ADDRESSED, THE COMMISSION RESERVES THE RIGHT TO TABLE THE APPLICATION UNTIL SUCH TIME THAT THE APPLICANT DOES ADDRESS THEM TO THE SATISFACTION OF THE COMMISSION."</p>		

I (we) understand that I (we) am responsible for the placement of notification signs per section 3.607 of the Zoning Ordinance.

I (we) certify that the information contained in this application and on the Site Plan(s) submitted with this application is to the best of my (our) knowledge accurate and correct and that I (we) have read and understand the above resolution and the instructions provided by the Staff.

SIGNATURE OF APPLICANT:



Date Signed: 07/09/2015

*** RETURN THIS APPLICATION WITH FILING FEE AND 16 SITE PLAN COPIES ***

The City of Troy Application For Permit

Location of Work: Troy Plaza, 120 Hoosick Street		
Property Owner: Troy Plaza SC, LP	Address: 314 Fairview Road	Phone: 610-668-1601
Contractor:	Address:	Phone:
Tenant:	Address:	Phone:

<input checked="" type="checkbox"/> New Building <input type="checkbox"/> Building Addition <input type="checkbox"/> Alterations <input type="checkbox"/> Repairs <input type="checkbox"/> Siding <input type="checkbox"/> Roofing <input type="checkbox"/> Sign <input type="checkbox"/> Sitework <input type="checkbox"/> Miscellaneous <input type="checkbox"/> Excavation	Description Of Work: Construction of a 2,600 sf restaurant with drive-thru and appurtenant parking and utilities Current Use: Parking lot for existing retail plaza Proposed Use: Fast food restaurant
--	--

Construction Trades	Construction Cost	Contractors Information
<input type="checkbox"/> General	\$750,000	Not yet selected
<input type="checkbox"/> Plumbing		
<input type="checkbox"/> Electrical		
<input type="checkbox"/> HVAC		
<input type="checkbox"/> Demolition		
<input type="checkbox"/> Excavation		
<input type="checkbox"/> Other		
Total:	\$750,000	

I hereby make application for issuance of a permit for work described above. I agree that no person will be employed without providing workers compensation and disability benefits law coverage, as required by state law, and that all applicable ordinances of the City shall be complied with. I declare. Subject to penalty of perjury that statements made herein are true and correct to the best of my knowledge.

<input checked="" type="checkbox"/> OWNER <input type="checkbox"/> CONTRACTOR <input type="checkbox"/> OTHER	APPLICANT'S SIGNATURE APPLICANT'S NAME (PRINT) APPLICANT'S EMAIL	<div style="text-align: right;"> TROY PLAZA SC, LP By: <u>120 Hoosick Street LLC</u> its Sole General Partner By: <u>Stephen Mitnick, Manager</u> DATE <u>6/30/2015</u> </div>
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buildingpermits@troyny.gov (518) 687-1140

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

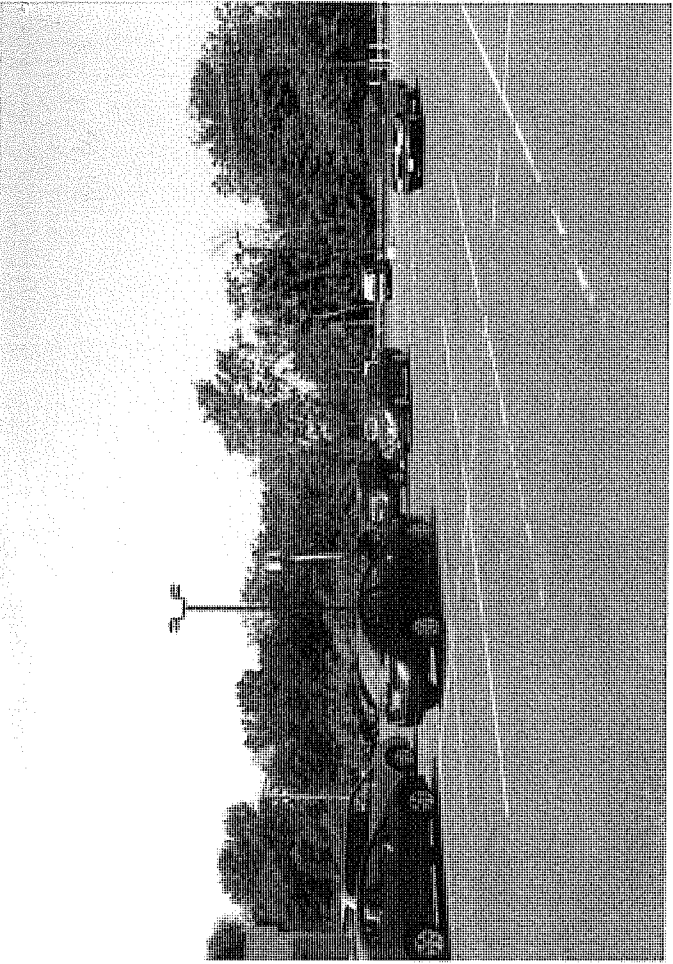
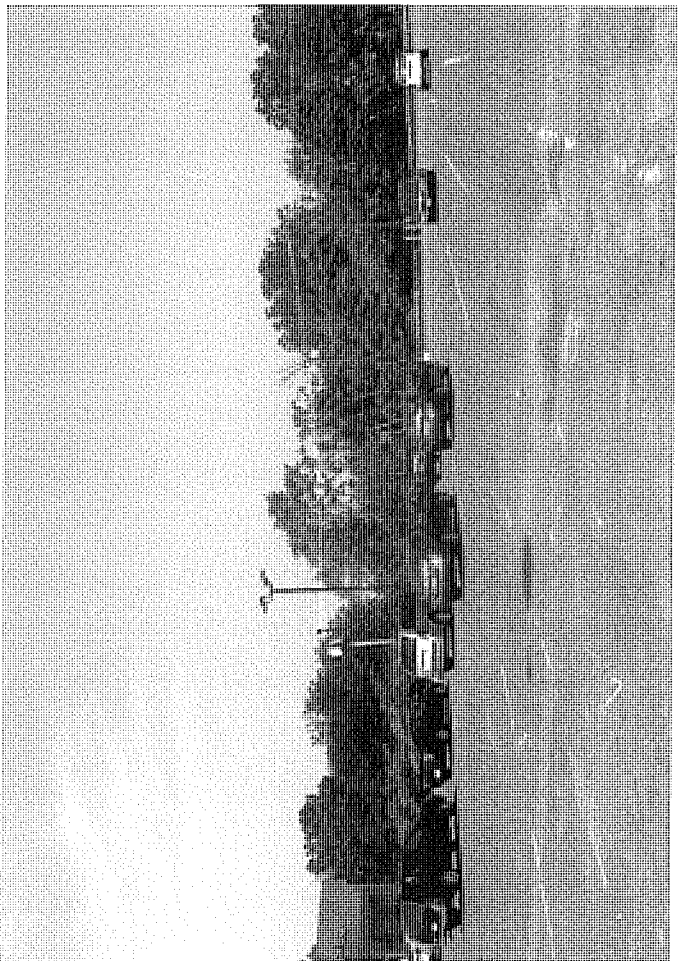
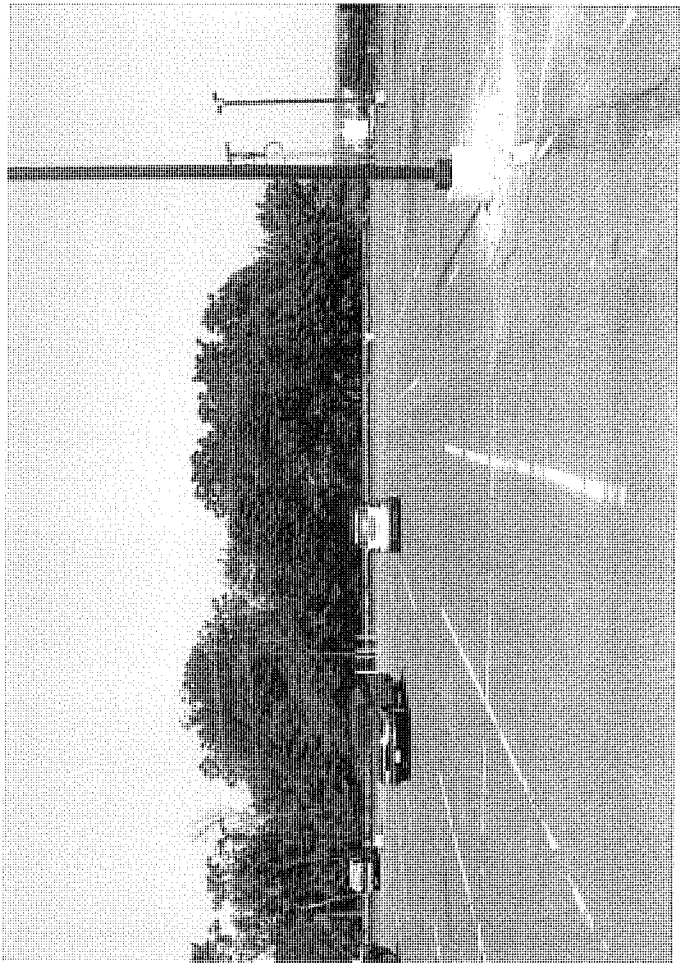
Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

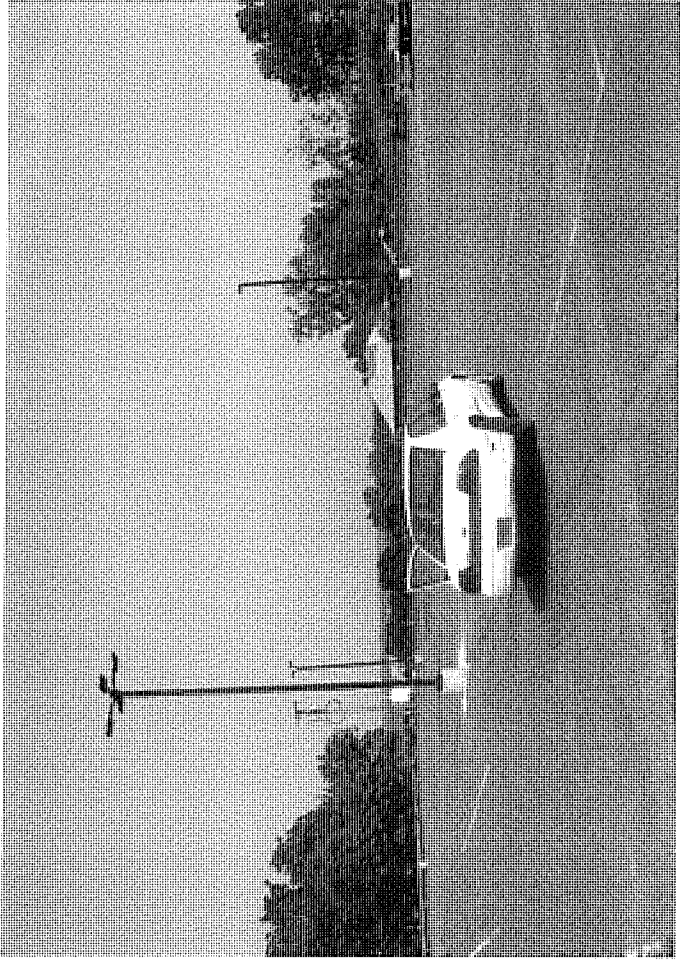
Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 - Project and Sponsor Information							
Name of Action or Project: Troy Plaza Fast Food Restaurant							
Project Location (describe, and attach a location map): 120 Hoosick Street, Troy, NY. On the southerly side of Hoosick Street approximately .25 miles from the terminus of 787 interchange							
Brief Description of Proposed Action: The applicant proposes a 2,600 +/- sf drive-thru fast food restaurant with attendant parking and utilities. The proposed facility is to be located on the Northwesterly corner of the existing retail plaza at 120 Hoosick Street.							
Name of Applicant or Sponsor: Toy Plaza SC, LLC		Telephone: 610-668-1601					
		E-Mail:					
Address: 314 Fairview Road							
City/PO: Penn Valley		State: PA	Zip Code: 19072				
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">NO</td> <td style="text-align: center;">YES</td> </tr> <tr> <td style="text-align: center;"><input checked="" type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> </tr> </table>	NO	YES	<input checked="" type="checkbox"/>	<input type="checkbox"/>
NO	YES						
<input checked="" type="checkbox"/>	<input type="checkbox"/>						
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval: City of Troy Planning Board			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">NO</td> <td style="text-align: center;">YES</td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input checked="" type="checkbox"/></td> </tr> </table>	NO	YES	<input type="checkbox"/>	<input checked="" type="checkbox"/>
NO	YES						
<input type="checkbox"/>	<input checked="" type="checkbox"/>						
3.a. Total acreage of the site of the proposed action? 12 +/- acres b. Total acreage to be physically disturbed? 0.9 +/- acres c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? 12 +/- acres							
4. Check all land uses that occur on, adjoining and near the proposed action. <input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban) <input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Parkland							

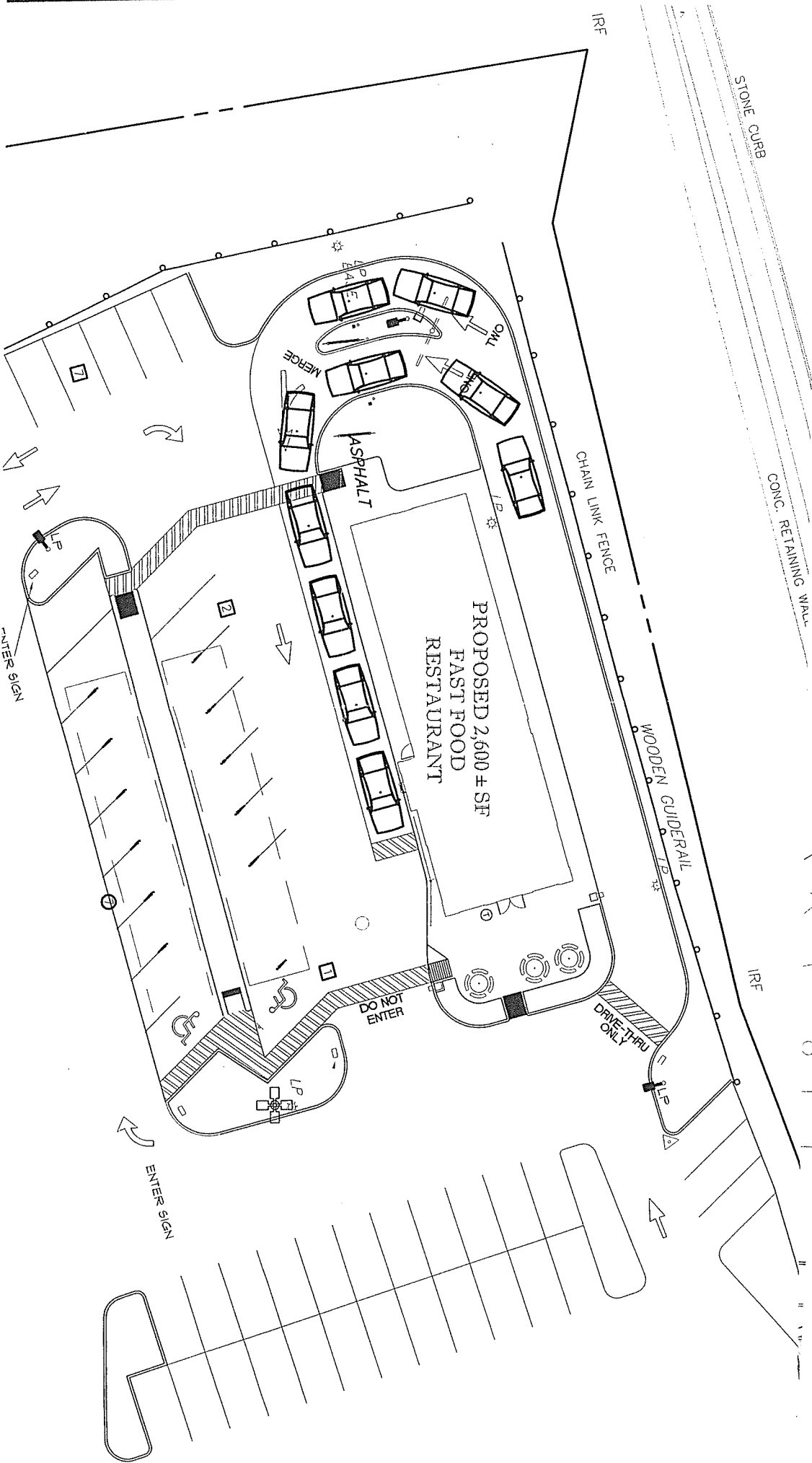
5. Is the proposed action, a. A permitted use under the zoning regulations?	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	
b. Are public transportation service(s) available at or near the site of the proposed action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places? b. Is the proposed action located in an archeological sensitive area?	NO <input checked="" type="checkbox"/> <input type="checkbox"/>	YES <input type="checkbox"/> <input checked="" type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency? b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____	NO <input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	YES <input type="checkbox"/> <input type="checkbox"/>	
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	
16. Is the project site located in the 100 year flood plain?	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: <input type="checkbox"/> NO <input checked="" type="checkbox"/> YES <u>Project will not increase impervious cover. All stormwater will discharge in a manner consistent with existing site hydrology</u>	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	


18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____	NO	YES
_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____	NO	YES
_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____	NO	YES
_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor name: <u>SEREN MITNICK</u> Date: <u>7.10.15</u> Signature: <u>ESTHER CAMP BULZER ENG AS PRCTY</u>		





Hoosick St →

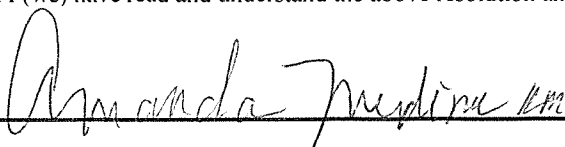


 Site Plan Review Application City of Troy, New York		Zone District B-2
Applicant Name Amanda Medina 2000 6th Ave Apt. 101 Bldg A Troy NY 12180	Phone Number (s) Phone No. () - Office No. () - Pager No. (787) 692-5889 Fax No. () -	ZBA Case # PC Case # PC2015-0063
Property Owner ETX REALTY GROUP		PC Status
Pursuant to the Provisions of Article 3.308, A of the Zoning Ordinance, I (we) do hereby apply to the Zoning Board of Appeals for the following:		
Project Location 561-565 CONGRESS ST	Ward/Plate 1801560	Tax Map ID 101.80-2-44
Project Description Applicant is proposing a clothing store		
Planning Commission Review Required SEORA & Site Plan Review	Current Use Tailor shop, shoe sales and repair shop, barber shop, beauty shop, photographic studio, Laundromat, florist shops	Proposed Use Liquor store, video rental store, sporting goods store, auto supply store, clothing store, hobby store
Planning Commission Hearing Date Tuesday, July 21, 2015		Filing Fee \$ 100.00
RESOLUTION THE TROY CITY PLANNING COMMISSION HEREBY DIRECTS STAFF TO PROVIDE ALL APPLICANTS WITH THE FOLLOWING STATEMENT: <i>"APPLICANTS SHOULD BE DULY ADVISED THAT ALL ELEMENTS REQUIRED FOR APPLICATION FOR SITE PLAN REVIEW MUST BE FULLY ADDRESSED. IN THE EVENT THAT THESE ELEMENTS ARE NOT ADDRESSED, THE COMMISSION RESERVES THE RIGHT TO TABLE THE APPLICATION UNTIL SUCH TIME THAT THE APPLICANT DOES ADDRESS THEM TO THE SATISFACTION OF THE COMMISSION."</i>		

I (we) understand that I (we) am responsible for the placement of notification signs per section 3.607 of the Zoning Ordinance.

I (we) certify that the information contained in this application and on the Site Plan(s) submitted with this application is to the best of my (our) knowledge accurate and correct and that I (we) have read and understand the above resolution and the instructions provided by the Staff.

SIGNATURE OF APPLICANT:



Date Signed: 07/09/2015

*** RETURN THIS APPLICATION WITH FILING FEE AND 16 SITE PLAN COPIES ***

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

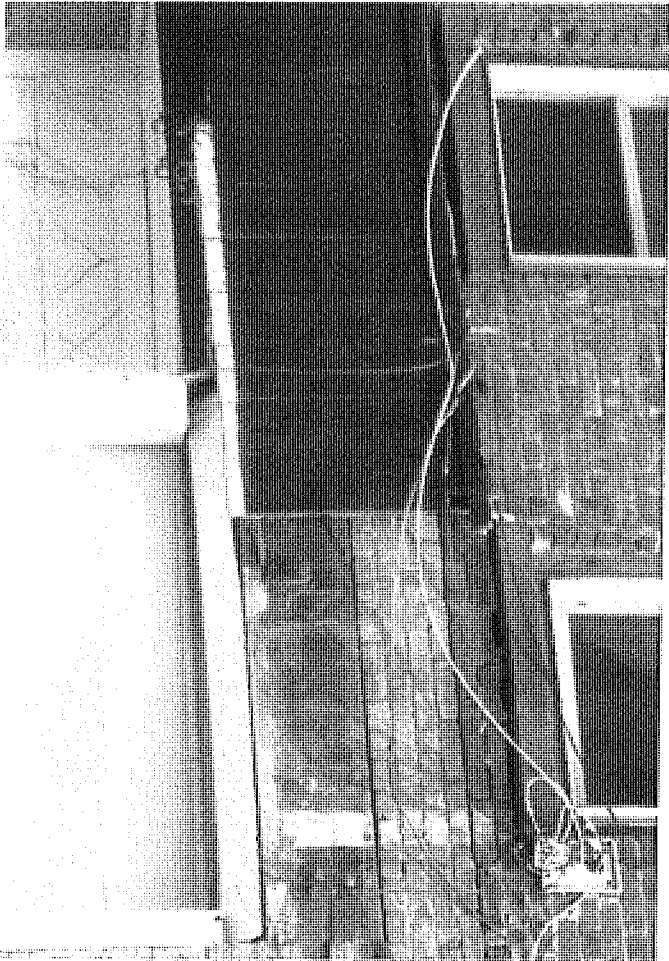
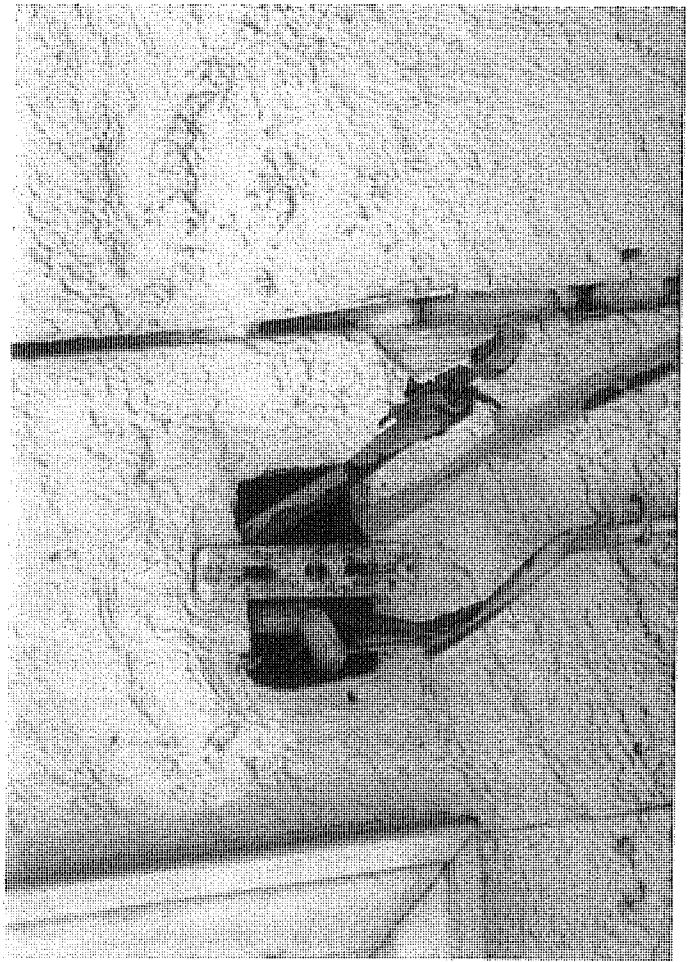
Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

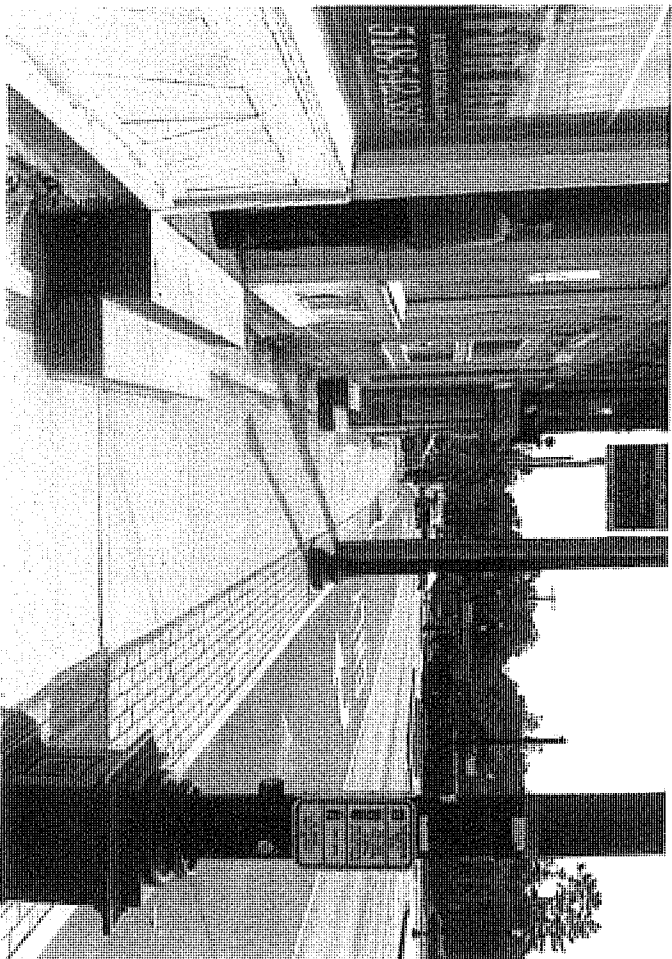
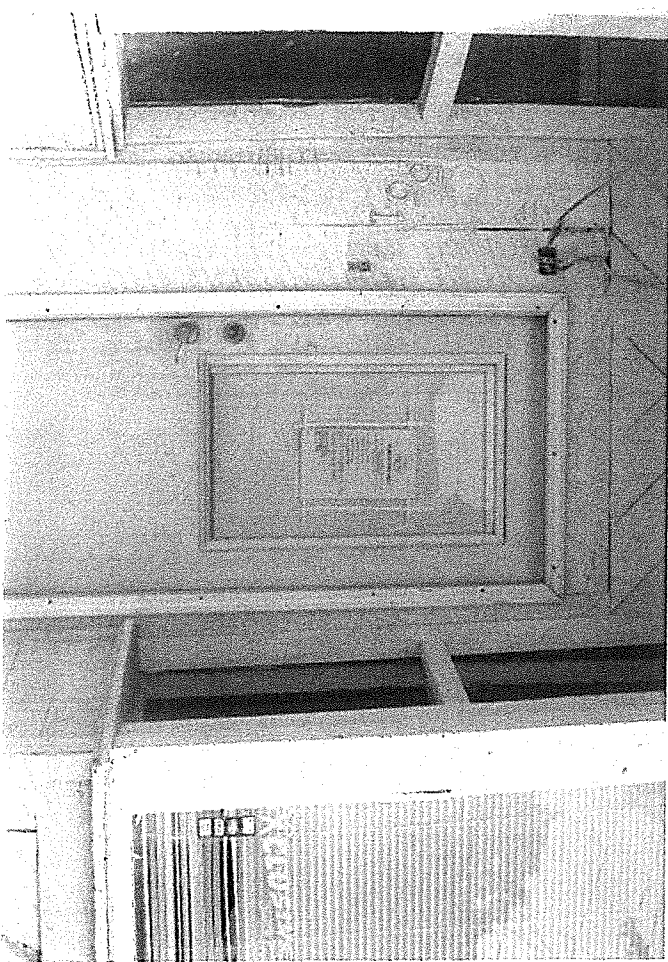
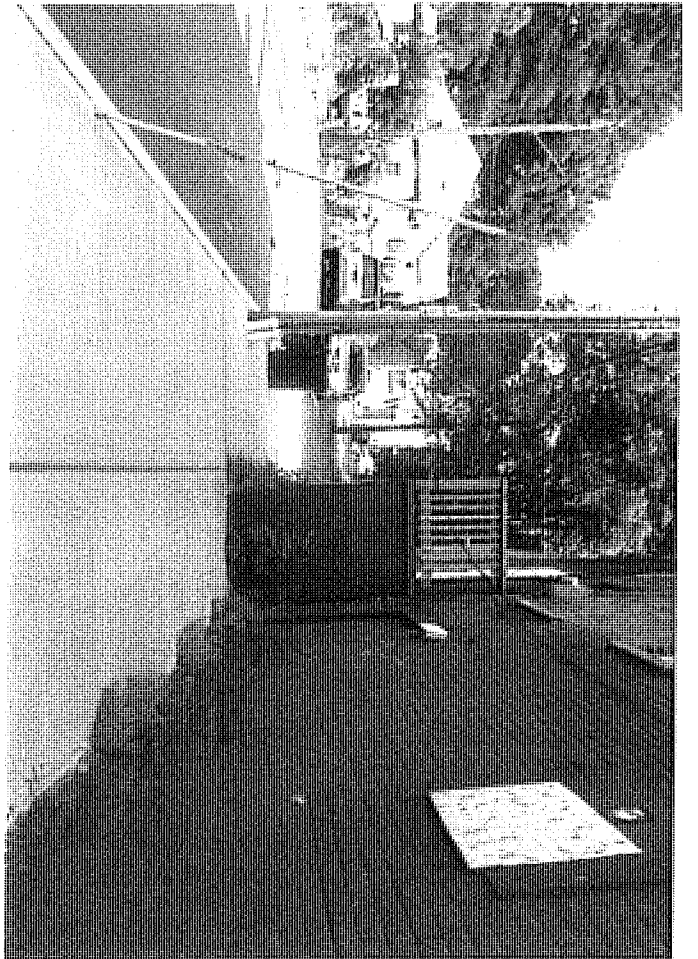
Part 1 - Project and Sponsor Information							
Name of Action or Project: TOPSY CURVY							
Project Location (describe, and attach a location map): Congress @ Brunswick							
Brief Description of Proposed Action:							
Name of Applicant or Sponsor: Amanda Medina		Telephone: (987) 692-5889					
Address: 2000 6th Ave Bid A Apt 101		E-Mail:					
City/PO: TROY		State: NY	Zip Code: 12180				
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="padding: 2px;">NO</th> <th style="padding: 2px;">YES</th> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> </table>	NO	YES	<input type="checkbox"/>	<input type="checkbox"/>
NO	YES						
<input type="checkbox"/>	<input type="checkbox"/>						
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:			<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="padding: 2px;">NO</th> <th style="padding: 2px;">YES</th> </tr> <tr> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> <td style="text-align: center; padding: 5px;"><input type="checkbox"/></td> </tr> </table>	NO	YES	<input type="checkbox"/>	<input type="checkbox"/>
NO	YES						
<input type="checkbox"/>	<input type="checkbox"/>						
3.a. Total acreage of the site of the proposed action?							
b. Total acreage to be physically disturbed? 0.22 acres							
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres							
4. Check all land uses that occur on, adjoining and near the proposed action.							
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban) <input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Parkland							

5. Is the proposed action.		NO	YES	N/A
a. A permitted use under the zoning regulations?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?		NO	YES	
If Yes, identify: _____		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?		NO	YES	
b. Are public transportation service(s) available at or near the site of the proposed action?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements?		NO	YES	
If the proposed action will exceed requirements, describe design features and technologies: _____		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?		NO	YES	
If No, describe method for providing potable water: _____		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?		NO	YES	
If No, describe method for providing wastewater treatment: _____		<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?		NO	YES	
b. Is the proposed action located in an archeological sensitive area?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?		NO	YES	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply:				
<input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Suburban				
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?		NO	YES	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. Is the project site located in the 100 year flood plain?		NO	YES	
		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Will the proposed action create storm water discharge, either from point or non-point sources?		NO	YES	
If Yes,		<input checked="" type="checkbox"/>	<input type="checkbox"/>	
a. Will storm water discharges flow to adjacent properties?		<input type="checkbox"/> NO	<input type="checkbox"/> YES	
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?		<input type="checkbox"/> NO	<input type="checkbox"/> YES	
If Yes, briefly describe: _____				

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____	NO	YES
_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____	NO	YES
_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____	NO	YES
_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: <u>Amanda Medina</u>		Date: <u>7/6/15</u>
Signature: _____		

PRINT FORM





GENERAL NOTES:

Property : 561 Congress Street
Troy, NY 12180

Applicant : Amanda Medina
2000 6th Avenue
Building A - Apt. 101
Troy, NY 12180

Owner : ETX Realty Group
169 S. Main Street
New City, NY 10956

Tax Map #: 101.80-2-44

Zoned: B-2, Community Commercial

Lot Characteristics:

Lot Dimensions: N-75', S-75', E-129', W-129'

Lot Area: 9,675 SF +/- (.22 Acres)

Setbacks: Required Existing

Front	10'-0"	0'-0"
Rear	40'-0"	87'-0"
Sides	10'-0" total	0'-0"

Max. Lot Area: 20,000 SF 9,675 SF

Min. Lot Width 40'-0" 75'-0"

Max. Lot Coverage % 60% 46%
(all bldgs.)

Building Height: 40'-0" max Existing

Building Type: 3 story masonry mixed use building

Current Property Use: Vacant storefront

Proposal : Occupy vacant storefront as a beauty boutique

Parking : Off-street parking - 1.25 per 300 SF of floor area. Floor area is approx. 1,000 SF / 300 SF = 4 required parking spaces. Applicant is to have an agreement with Mt. Ida Community Baptist Church to use their parking lot for the 4 required parking spaces.

Garbage Removal: Via city

Surface Drains: Existing

Snow Removal: To be stored on site

Signage: To conform to zoning regulations.

Lighting: Existing building mounted

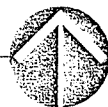
Hours of Operation: Monday - Saturday: 11AM - 7PM
Closed Sundays

All new taps into City water and sewer lines are to be done by City personnel using approved materials supplied by the applicant. The applicant will reimburse the City for labor and equipment costs associated with the utility taps.

This plan is based on information provided by the applicant, available Sanborn maps, Rensselaer County Tax Maps, and limited field measurements. A survey was not performed. These plans are not intended to provide information necessary to obtain a Building Permit.

SITEPLAN

SCALE: 1" = 30'-0"



TITLE:

SITE PLAN

SCALE:

1"=30'-0"

PROJECT: PLANNING APPLICATION FOR:

561 CONGRESS STREET
TROY, NY 12180

CLIENT: AMANDA MEDINA

DATE: 06/29/15

DRAWN BY: EC

REVISIONS:



TROY ARCHITECTURAL
PROGRAM, PC
210 RIVER ST.
TROY, NY 12180

(518) 274-3050

SHEET:

SPI

JOB: 153,038

<div>TROY</div> <div>Site Plan Review Application</div> <div>City of Troy, New York</div>		Zone District B-1
Applicant Name	Phone Number (s)	ZBA Case #
David richter 66 North Pine Ave Albany NY 12203	Phone No. () -	
	Office No. () -	PC Case #
	Pager No. () -	PC2015-0064
Fax No. () -		
Property Owner	PC Status	
RICHTER DAVID		
<div>Pursuant to the Provisions of Article 3.308, A of the Zoning Ordinance, I (we) do hereby apply to the Zoning Board of Appeals for the following:</div>		
Project Location	Ward/Plate	Tax Map ID
3 WINTER ST	0503150	112.83-3-11
Project Description		
Applicant is proposing a laundry mat. Previous use was a laundry mat		
Planning Commission Review Required	Current Use	Proposed Use
SEQRA & Site Plan Review	Neighborhood commercial establishments specifically designed to provide daily customer services to the residents of the immediate surrounding residential neighborhood.	Neighborhood commercial establishments specifically designed to provide daily customer services to the residents of the immediate surrounding residential neighborhood.
Planning Commission Hearing Date	Filing Fee	
Tuesday, July 21, 2015	\$ 100.00	
RESOLUTION		
<div>THE TROY CITY PLANNING COMMISSION HEREBY DIRECTS STAFF TO PROVIDE ALL APPLICANTS WITH THE FOLLOWING STATEMENT:</div> <div>"APPLICANTS SHOULD BE DULY ADVISED THAT ALL ELEMENTS REQUIRED FOR APPLICATION FOR SITE PLAN REVIEW MUST BE FULLY ADDRESSED. IN THE EVENT THAT THESE ELEMENTS ARE NOT ADDRESSED, THE COMMISSION RESERVES THE RIGHT TO TABLE THE APPLICATION UNTIL SUCH TIME THAT THE APPLICANT DOES ADDRESS THEM TO THE SATISFACTION OF THE COMMISSION."</div>		

I (we) understand that I (we) am responsible for the placement of notification signs per section 3.607 of the Zoning Ordinanace.

I (we) certify that the information contained in this application and on the Site Plan(s) submitted with this application is to the best of my (our) knowledge accurate and correct and that I (we) have read and understand the above resolution and the instructions provided by the Staff.

SIGNITURE OF APPLICANT: David Richter Date Signed: 07/09/2015

*** RETURN THIS APPLICATION WITH FILING FEE AND 16 SITE PLAN COPIES ***

617.20
Appendix C
State Environmental Quality Review
SHORT ENVIRONMENTAL ASSESSMENT FORM
For UNLISTED ACTIONS Only

PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)

1. APPLICANT/SPONSOR <u>David Richter</u>	2. PROJECT NAME
3. PROJECT LOCATION: <u>3 Winter Street, Troy, N.Y. 12180</u> Municipality <u>Troy</u> County <u>Rensselaer</u>	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map) <u>3 Winter Street / Brockview Avenue / Pauling Avenue</u>	
5. PROPOSED ACTION IS: <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration	
6. DESCRIBE PROJECT BRIEFLY: <u>Re-establish Landmark in an existing building</u>	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <input checked="" type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other Describe:	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, list agency(s) name and permit/approvals:	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, list agency(s) name and permit/approvals:	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE Applicant/sponsor name: <u>David Richter</u> Date: <u>01/07/15</u> Signature: <u>David Richter</u>	

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)

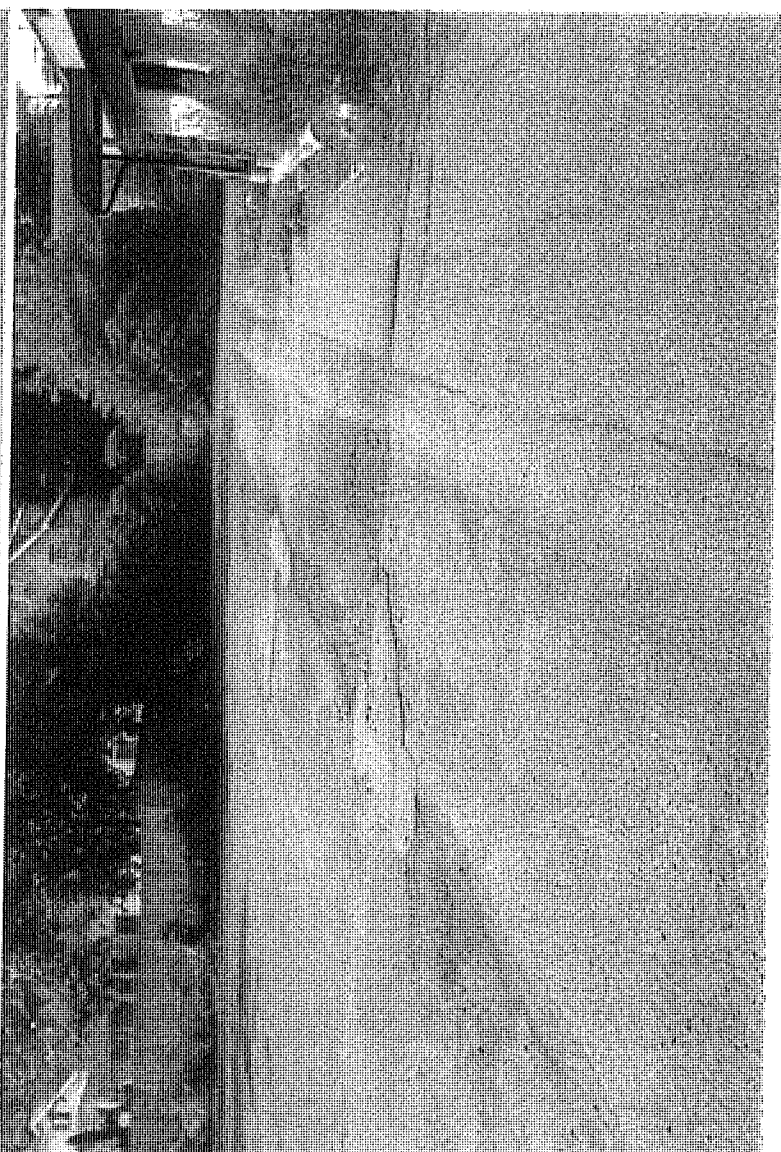
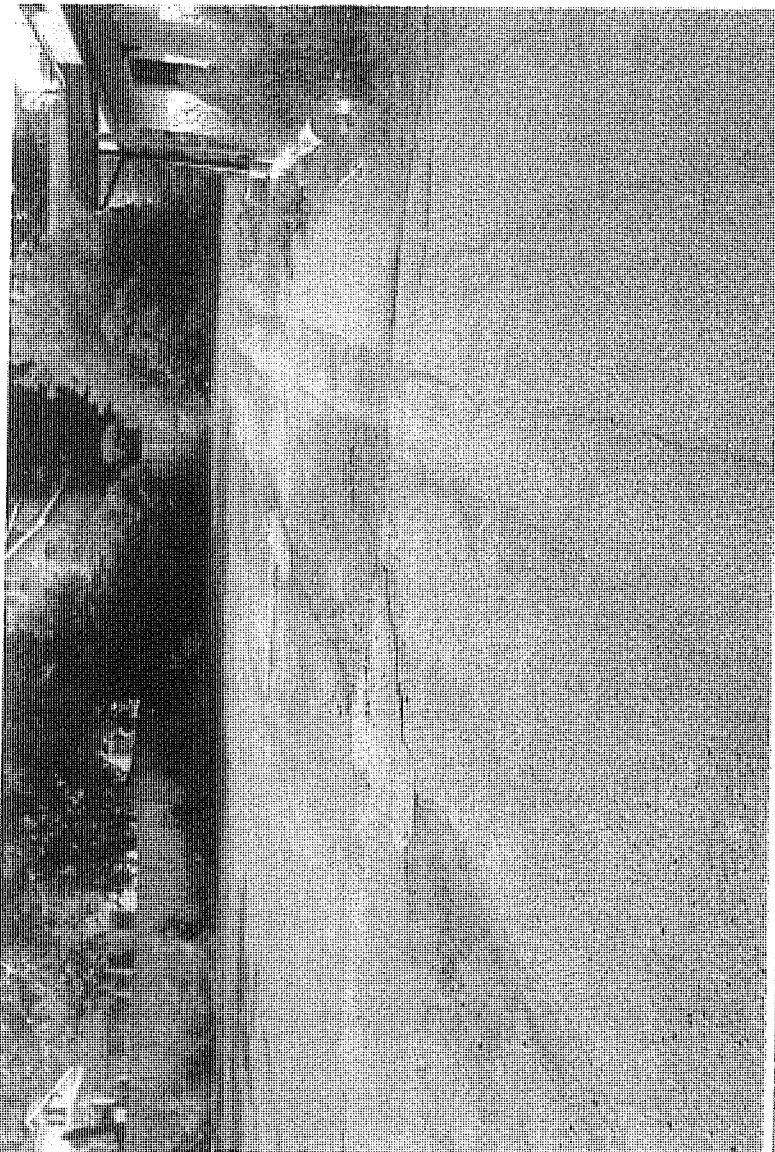
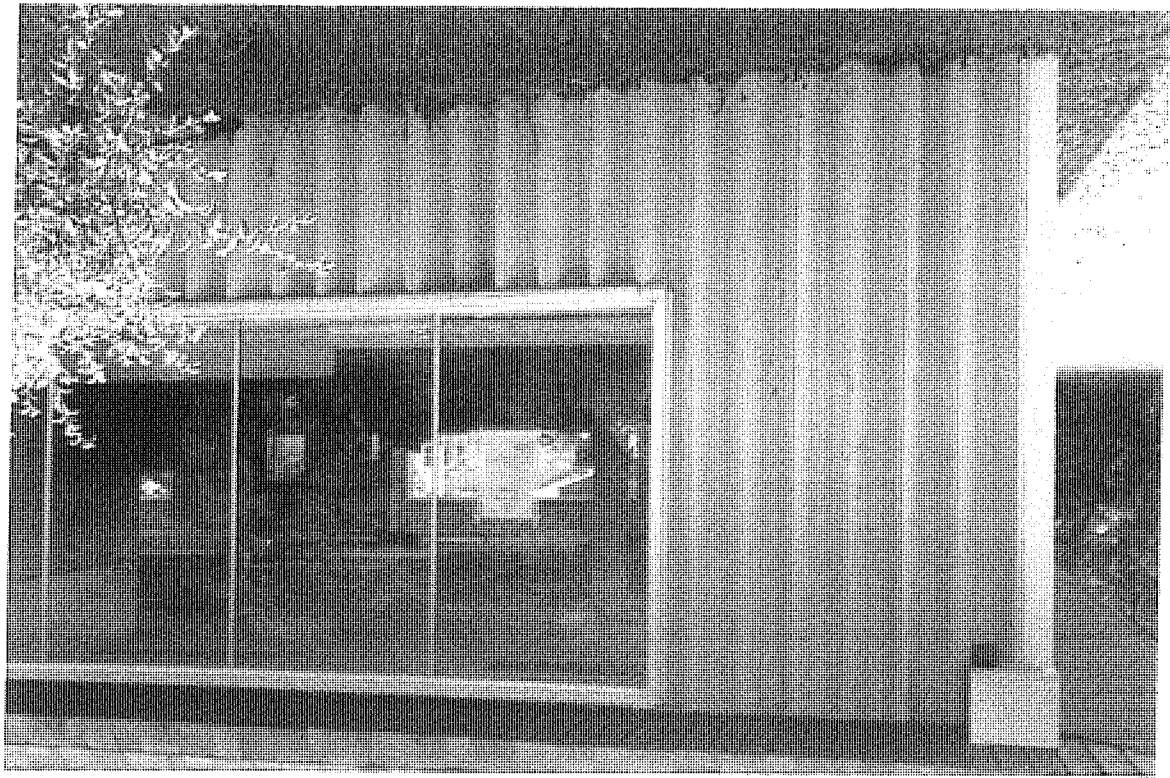
A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, coordinate the review process and use the FULL EAF.
B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, a negative declaration may be superseded by another involved agency.		
C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible) C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly: C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly: C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly: C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly: C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly: C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly: C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:		
D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:		
E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:		

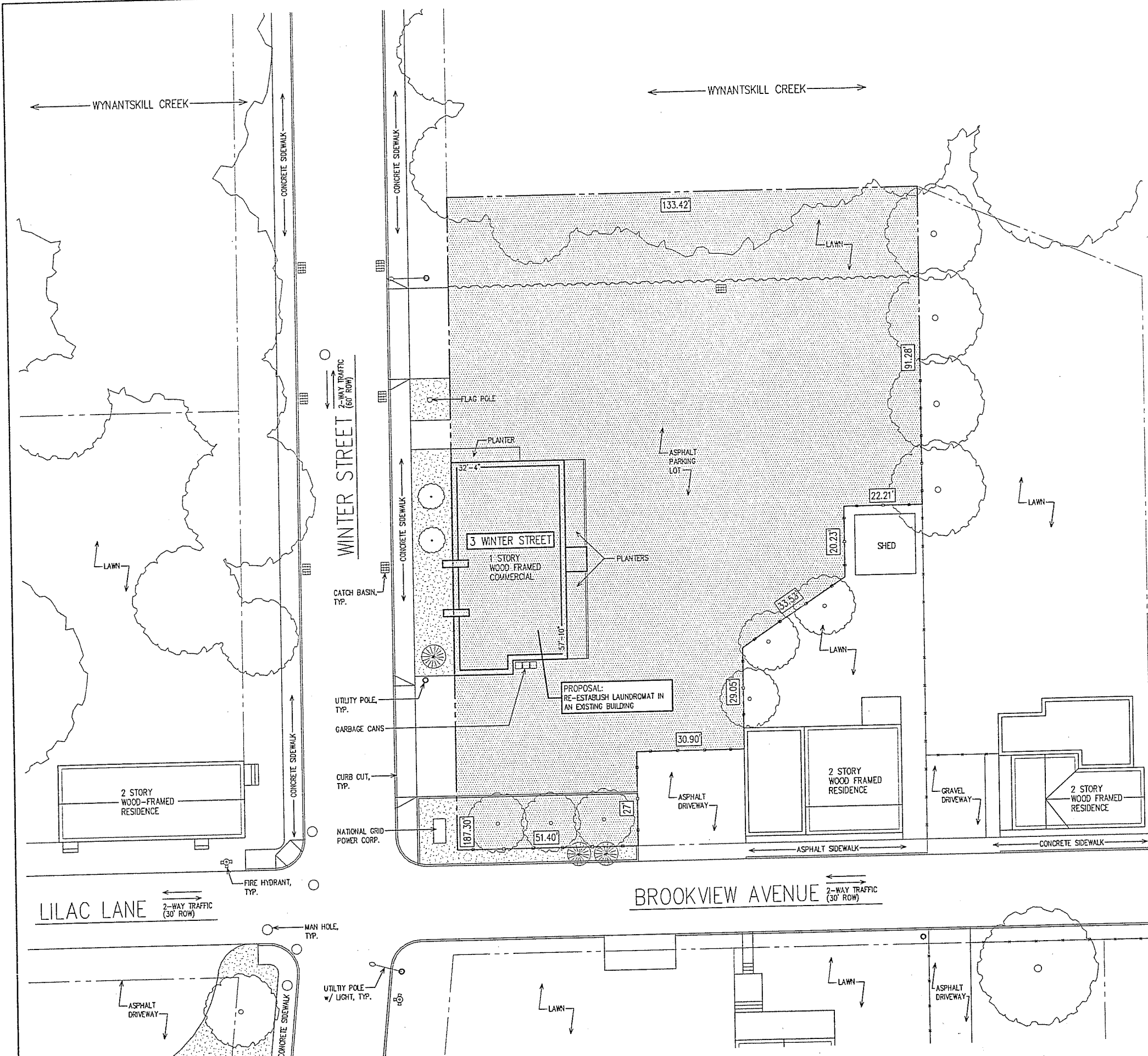
PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

<input type="checkbox"/> Check this box if you have identified one or more potentially large or significant adverse impacts which MAY occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.	
<input type="checkbox"/> Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action WILL NOT result in any significant adverse environmental impacts AND provide, on attachments as necessary, the reasons supporting this determination.	
_____ Name of Lead Agency	_____ Date
_____ Print or Type Name of Responsible Officer in Lead Agency	_____ Title of Responsible Officer
_____ Signature of Responsible Officer in Lead Agency	_____ Signature of Preparer (If different from responsible officer)

Reset





GENERAL NOTES:

Property : 3 Winter Street
Troy, NY 12180

Applicant : David Richter
110 Terrace Avenue
Albany, NY 12203

Owner : Same as applicant

Tax Map #: 112.83-3-11

Zoned: R2 - Two-Family Residential

Lot Characteristics:
Lot Dimensions: Varies, see site plan
Lot Area: 20,117 SF +/- (.46 Acres)

Setbacks:	Required	Existing
Front	20'-0"	0'
Rear	30'-0"	101'-0" +/-
Sides	5'-0" each side or 10'-0" on one side	76'-0" North side 50'-0" South side

Min. Lot Area: Single-family detached: 5,800 SF
Two-family: 3,500 SF per unit
20,117 SF

Min. Lot Width: 50'-0" 187.30'

Max. Lot Coverage %: 50% 9%

Max. Bldg. Height: 35'-0" Existing

Building Type: Existing 1-story wood framed building

Current Property Use: Vacant

Proposal : Re-establish laundromat in an existing building

Parking : 1.25 per 300 SF of floor area.
Asphalt parking lot in rear (east) of building

Garbage Removal: Via city. Garbage cans to be stored along west side of building.

Surface Drains: Existing

Signage: To conform to zoning regulations

Lighting: Existing building mounted lights to remain.

Hours of Operation: Monday - Sunday: 6AM - 11PM

All new taps into City water and sewer lines are to be done by City personnel using approved materials supplied by the applicant. The applicant will reimburse the City for labor and equipment costs associated with the utility taps.

This plan is based on information provided by the applicant, available Sanborn maps, Rensselaer County Tax Maps, and limited field measurements. A survey was not performed. These plans are not intended to provide information necessary to obtain a Building Permit.

SITEPLAN
SCALE: 1" = 30'-0"

TITLE: SITE PLAN
SCALE: 1"=30'-0"

PROJECT: PLANNING APPLICATION FOR:
3 WINTER STREET
TROY, NY 12180
CLIENT: DAVID RICHTER

DATE: 1/4/15
DRAWN BY: EC
REVISIONS:

TROY ARCHITECTURAL
PROGRAM, PC
210 RIVER ST.
TROY, NY 12180
(518) 274-3050

SHEET:
SPI
JOB: 154,019

The City of Troy
Application For Permit

Location of Work: 363 Fifth Avenue, Troy, N.Y. 12182		
Property Owner: Edward J. Matthews, Jr.	Address: 363 Fifth Ave, Troy, NY 12182	Phone: 274-4777
Contractor: N/A	Address:	Phone:
Tenant: Edward J. Matthews, Inc.	Address: same	Phone:

<input type="checkbox"/> New Building <input type="checkbox"/> Building Addition <input type="checkbox"/> Alterations <input type="checkbox"/> Repairs <input type="checkbox"/> Siding <input type="checkbox"/> Roofing <input type="checkbox"/> Sign <input type="checkbox"/> Sitework <input checked="" type="checkbox"/> Miscellaneous <input type="checkbox"/> Excavation	Description Of Work: — Current Use: previous printing company Proposed Use: Fire Protection Contractor
--	--

Construction Trades	Construction Cost	Contractors Information
<input type="checkbox"/> General		
<input type="checkbox"/> Plumbing		
<input type="checkbox"/> Electrical		
<input type="checkbox"/> HVAC		N/A
<input type="checkbox"/> Demolition		
<input type="checkbox"/> Excavation		
<input type="checkbox"/> Other		
Total:		

I hereby make application for issuance of a permit for work described above. I agree that no person will be employed without providing workers compensation and disability benefits law coverage, as required by state law, and that all applicable ordinances of the City shall be complied with. I declare. Subject to penalty of perjury that statements made herein are true and correct to the best of my knowledge.

☒ OWNER APPLICANT'S SIGNATURE Edward J. Matthews, Jr.
☐ CONTRACTOR APPLICANT'S NAME (PRINT) Edward J. Matthews, Jr.
☐ OTHER APPLICANT'S EMAIL JMath73482@gmail.com

DATE 7/10/15

buildingpermits@troynv.gov (518) 687-1140

~~to~~ Original

to

Short Environmental Assessment Form
Part 1 - Project Information

Instructions for Completing

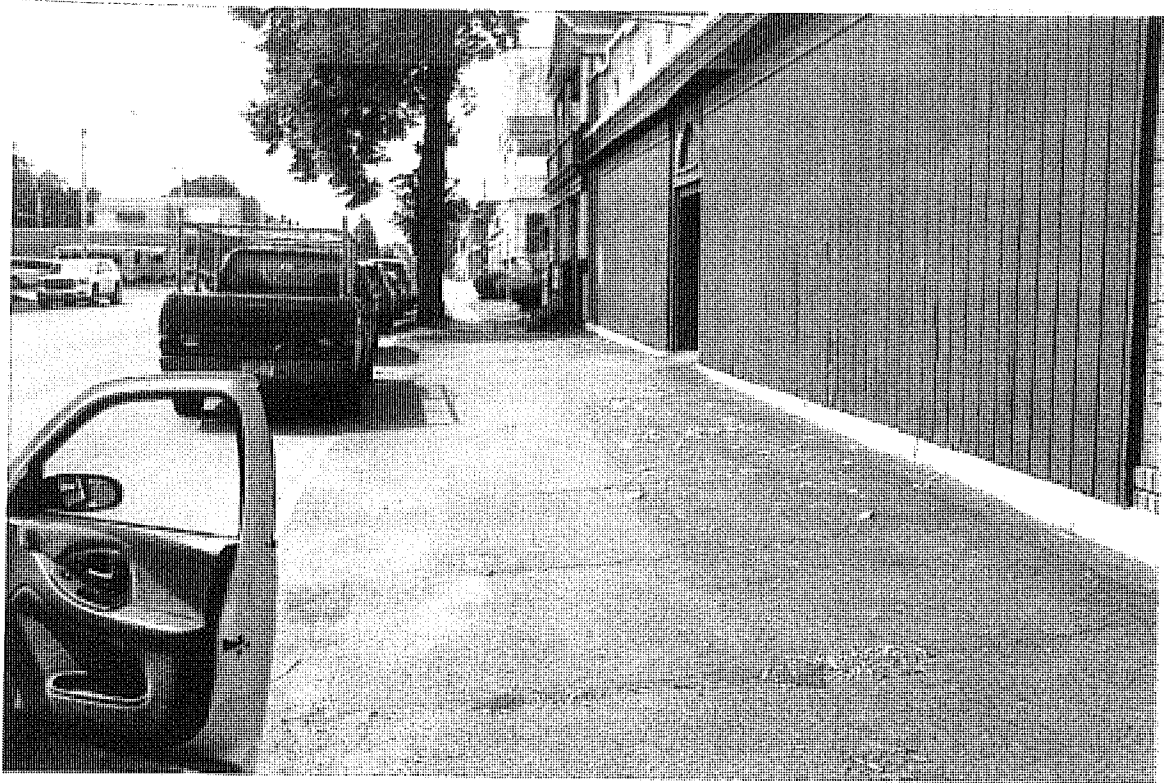
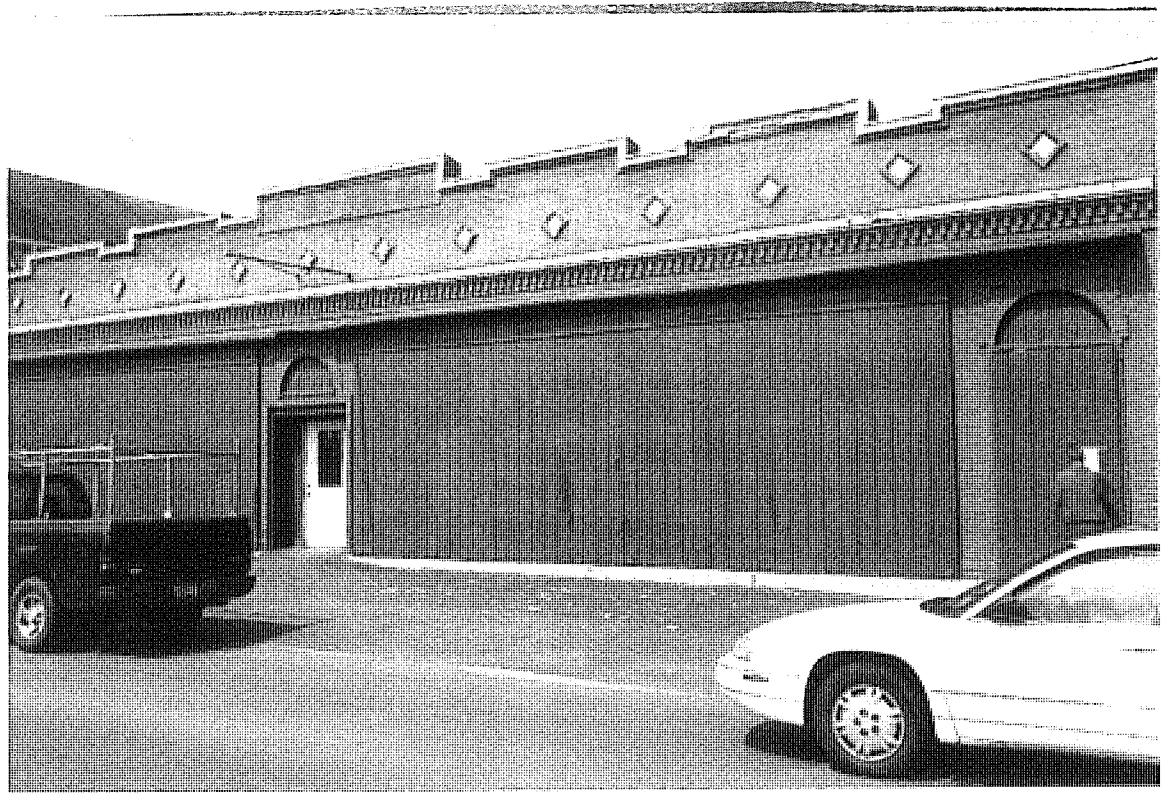
Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

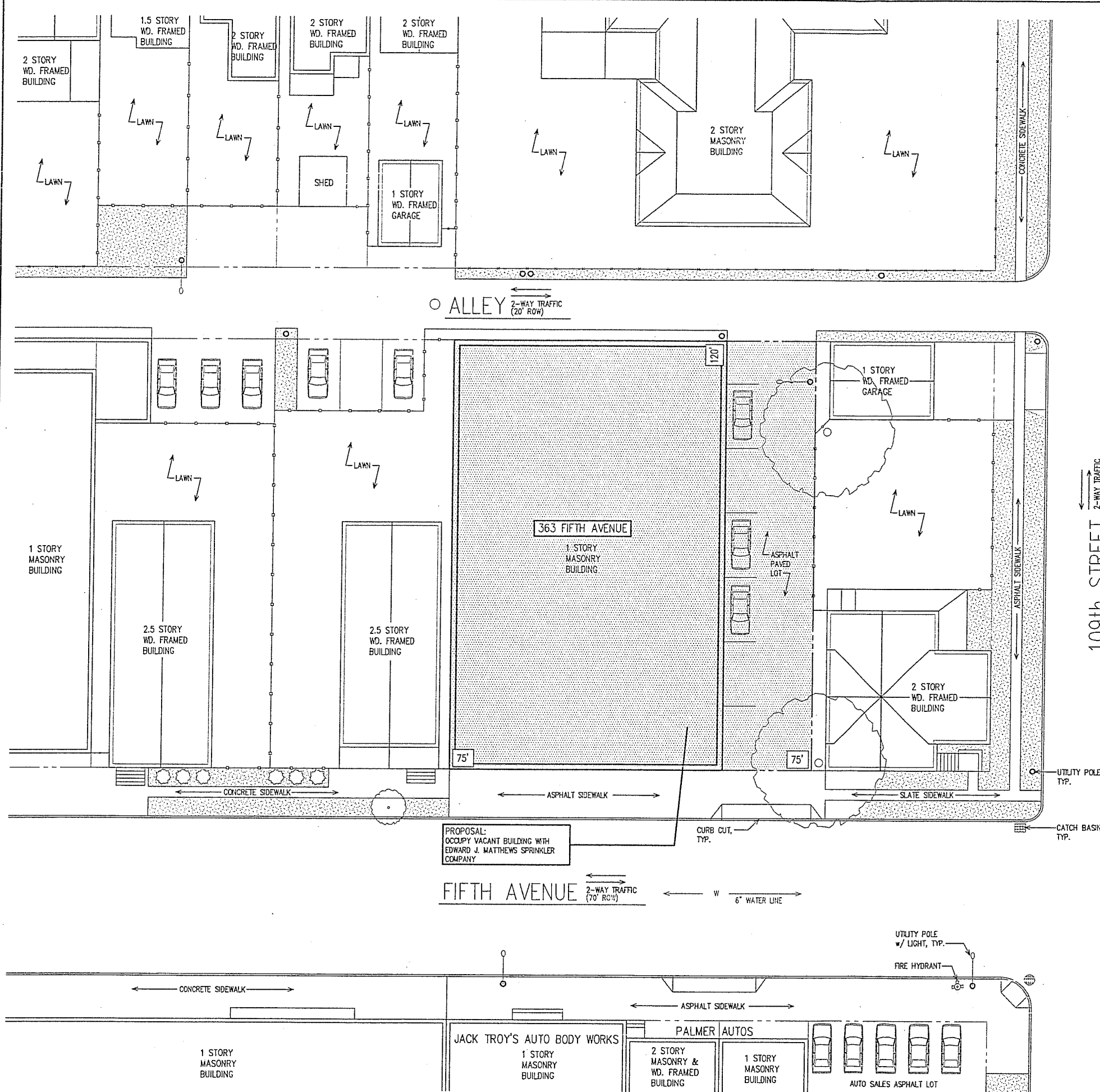
Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 - Project and Sponsor Information			
Name of Action or Project: Edward J. Matthews, Inc.			
Project Location (describe, and attach a location map): 363 Fifth Ave, Troy, N.Y. 12182			
Brief Description of Proposed Action: existing building - Fire protection Contractor			
Name of Applicant or Sponsor: Edward J. Matthews, Inc.		Telephone: 274-4777	
		E-Mail: JMat73482@aol.m	
Address: 363 Fifth Ave, Troy, N.Y. 12182			
City/PO:		State:	Zip Code:
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation?		NO	YES
If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.		<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency?		NO	YES
If Yes, list agency(s) name and permit or approval:		<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.a. Total acreage of the site of the proposed action? _____ acres			
b. Total acreage to be physically disturbed? _____ acres			
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor? _____ acres			
4. Check all land uses that occur on, adjoining and near the proposed action.			
<input type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input type="checkbox"/> Residential (suburban)			
<input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____			
<input type="checkbox"/> Parkland			

5. Is the proposed action.	NO	YES	N/A
a. A permitted use under the zoning regulations?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO	YES	
	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area?	NO	YES	
If Yes, identify: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Are public transportation service(s) available at or near the site of the proposed action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements?	NO	YES	
If the proposed action will exceed requirements, describe design features and technologies: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply?	NO	YES	
If No, describe method for providing potable water: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities?	NO	YES	
If No, describe method for providing wastewater treatment: _____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Is the proposed action located in an archeological sensitive area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____			
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input type="checkbox"/> Urban <input type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
16. Is the project site located in the 100 year flood plain?	NO	YES	
	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
17. Will the proposed action create storm water discharge, either from point or non-point sources?	NO	YES	
If Yes,	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
a. Will storm water discharges flow to adjacent properties? <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)?			
If Yes, briefly describe: <input checked="" type="checkbox"/> NO <input type="checkbox"/> YES			

18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____ _____	NO	YES
	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE		
Applicant/sponsor name: <u>Edward J. Matthews Inc.</u> Date: <u>July 1, 2015</u>		
Signature: <u>[Signature]</u>		





GENERAL NOTES:

Property : 363 Fifth Avenue
Troy, NY 12182

Applicant : Edward J. Matthews Sprinkler Co.
363 Fifth Avenue
Troy, NY 12182

Owner : Same as applicant

Tax Map #: 80.79-6-4 (bldg.) & 80.79-6-3 (parking lot)

Zoned: B-2, Community Commercial

Lot Characteristics:

Lot Dimensions (bldg.):	N-120', S-120', E-75', W-75'
Lot Dimensions (parking lot):	N-120', S-120', E-25', W-25'
Lot Area (bldg.):	9,000 SF +/- (.21 Acres)
Lot Area (parking lot):	3,000 SF +/- (.07 Acres)
Setbacks:	Required Existing
Front	10'-0" 0'-0"
Rear	40'-0" 0'-0"
Sides	10'-0" total 0'-0"
Max Lot Area:	20,000 SF 9,000 SF (bldg.) 3,000 SF (lot)
Min. Lot Width	40'-0" 75'-0"
Max Lot Coverage %	60% 100% (bldg.)
Building Height:	40'-0" max Existing

Building Type: 1 story masonry building

Current Property Use: Vacant

Proposal : Occupy vacant building with Edward J. Matthews Sprinkler Company. (Fire Protection Contractor)

Parking : Off-street parking - 1.25 per employee.
5 parking spaces shown on asphalt lot north of building.

Garbage Removal: Via city. Trash cans will be in back of building on alley side.

Surface Drains: Existing

Snow Removal: To be stored on site

Signage: To conform to zoning regulations.

Lighting: Existing building mounted

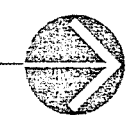
Hours of Operation: Monday - Friday: 7:00 AM to 3:30 PM

All new taps into City water and sewer lines are to be done by City personnel using approved materials supplied by the applicant. The applicant will reimburse the City for labor and equipment costs associated with the utility taps.

This plan is based on information provided by the applicant, available Sanborn maps, Rensselaer County Tax Maps, and limited field measurements. A survey was not performed. These plans are not intended to provide information necessary to obtain a Building Permit.

SITEPLAN

SCALE: 1" = 30'-0"



TITLE: SITE PLAN
SCALE: 1"=30'-0"

PROJECT: PLANNING APPLICATION FOR:
**363 FIFTH AVENUE
TROY, NY 12182**
CLIENT: Edward J. Matthews Sprinkler Co.

DATE: 4/29/15
DRAWN BY: EC
REVISIONS:

TROY ARCHITECTURAL
PROGRAM, PC
210 RIVER ST.
TROY, NY 12180
(518) 274-3050

SHEET:
SPI
JOB: 153,039



Site Plan Review Application

City of Troy, New York

Zone District

HWD

Applicant Name

Phone Number (s)

ZBA Case #

Vencino Bond Group LLC
305 West Commercial Street
Springfield MO 65803

Phone No. () -
Office No. (417) 720-1577
Pager No. () -
Fax No. () -

PC Case #

PC2015-0066

Property Owner

PC Status

VECINO GROUP NEW YORK LLC

Pursuant to the Provisions of Article 3.308, A of the Zoning Ordinance, I (we) do hereby apply to the Zoning Board of Appeals for the following:

Project Location

Ward/Plate

Tax Map ID

432-450 RIVER ST

0700050

101.38-1-1

Project Description

Applicant is proposing 75 residential units

Planning Commission Review Required

Current Use

Proposed Use

SEQRA & Site Plan Review

Heavy industrial and
manufacturing uses

Multi-family, medium rise,
high density residences

Planning Commission Hearing Date

Filing Fee

Tuesday, July 21, 2015

\$ 500.00

RESOLUTION

THE TROY CITY PLANNING COMMISSION HEREBY DIRECTS STAFF TO PROVIDE ALL APPLICANTS WITH THE FOLLOWING STATEMENT:

"APPLICANTS SHOULD BE DULY ADVISED THAT ALL ELEMENTS REQUIRED FOR APPLICATION FOR SITE PLAN REVIEW MUST BE FULLY ADDRESSED. IN THE EVENT THAT THESE ELEMENTS ARE NOT ADDRESSED, THE COMMISSION RESERVES THE RIGHT TO TABLE THE APPLICATION UNTIL SUCH TIME THAT THE APPLICANT DOES ADDRESS THEM TO THE SATISFACTION OF THE COMMISSION."

I (we) understand that I (we) am responsible for the placement of notification signs per section 3.607 of the Zoning Ordinance.

I (we) certify that the information contained in this application and on the Site Plan(s) submitted with this application is to the best of my (our) knowledge accurate and correct and that I (we) have read and understand the above resolution and the instructions provided by the Staff.

SIGNATURE OF APPLICANT:

See next sheet for signature

Date Signed: 07/09/2015

*** RETURN THIS APPLICATION WITH FILING FEE AND 16 SITE PLAN COPIES ***

→ original &

TROY		Site Plan Review Application City of Troy, New York		Zone/District	
Applicant Name		Phone Number (s)		ZBA Case #	
Vecino Group NY LLC 305 W. Commercial Street Springfield, MO 65803		Phone No. 417-861-6212 Office No. 417-720-1577 Pager No. () - Fax No. () -			
				PC Case #	
Property Owner				PC Status	
Pursuant to the Provisions of Article 3.308, A of the Zoning Ordinance, I (we) do hereby apply to the Zoning Board of Appeals for the following:					
Project Location		Ward/Plate		Tax Map ID	
444 River Street, Troy NY				101.38-1-1	
Project Description					

This project consists of 75 apartments 57 market rate units, 18 units affordable housing units. The units will be open floor plans with some flexible use of living space, full kitchen, and exposed wood ceiling. Amenities will include laundry, fitness, community gathering space and some storage closets. Parking will be a mix of onsite and offsite. Approximately 7,000 sf commercial lease space.

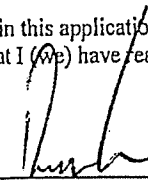
Planning Commission Staff Assigned	Vacant	Multi-family residential / commercial
Yes.		
Planning Commission Hearing Date		Filing Fee
July 21, 2015.		\$500.

RESOLUTION
<p>THE TROY CITY PLANNING COMMISSION HEREBY DIRECTS STAFF TO PROVIDE ALL APPLICANTS WITH THE FOLLOWING STATEMENT:</p> <p>"APPLICANTS SHOULD BE DULY ADVISED THAT ALL ELEMENTS REQUIRED FOR APPLICATION FOR SITE PLAN REVIEW MUST BE FULLY ADDRESSED. IN THE EVENT THAT THESE ELEMENTS ARE NOT ADDRESSED, THE COMMISSION RESERVES THE RIGHT TO TABLE THE APPLICATION UNTIL SUCH TIME THAT THE APPLICANT DOES ADDRESS THEM TO THE SATISFACTION OF THE COMMISSION."</p>

I (we) understand that I (we) am responsible for the placement of notification signs per section 3.607 of the Zoning Ordinance.

I (we) certify that the information contained in this application and on the Site Plan(s) submitted with this application is to the best of my (our) knowledge accurate and correct and that I (we) have read and understand the above resolution and the instructions provided by the Staff.

SIGNATURE OF APPLICANT:

x 

7.6.2015

Date Signed:

*** RETURN THIS APPLICATION WITH FILING FEE AND 16 SITE PLAN COPIES ***

Short Environmental Assessment Form

Part 1 - Project Information

Instructions for Completing

Part 1 - Project Information. The applicant or project sponsor is responsible for the completion of Part 1. Responses become part of the application for approval or funding, are subject to public review, and may be subject to further verification. Complete Part 1 based on information currently available. If additional research or investigation would be needed to fully respond to any item, please answer as thoroughly as possible based on current information.

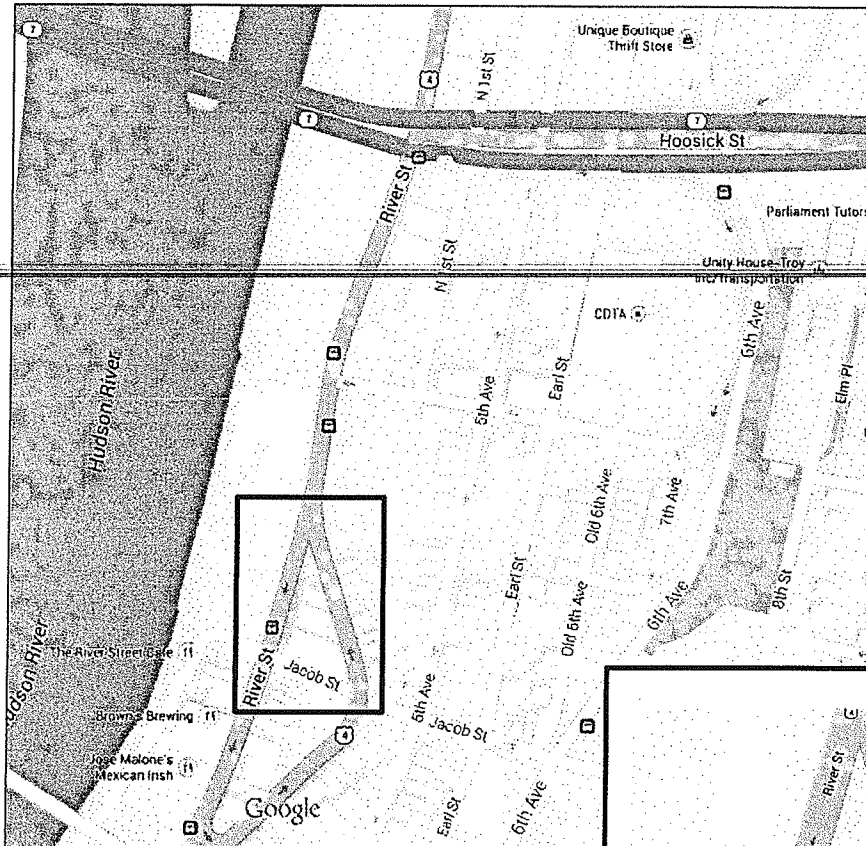
Complete all items in Part 1. You may also provide any additional information which you believe will be needed by or useful to the lead agency; attach additional pages as necessary to supplement any item.

Part 1 - Project and Sponsor Information			
444 River Lofts LLC.			
Name of Action or Project: The River Lofts @ 444.			
Project Location (describe, and attach a location map): 444 River Street, Troy, NY.			
Brief Description of Proposed Action: River Lofts @ 444 is a \$15M project that will create 75 loft style apartments and approximately 7,000 sf of commercial lease space. The apartments ill be a mix of market rate (57) and affordable (18) and will have modern feel, while incorporating some of the old wood beams and ceilings. The amenities include on-site fitness facility, gathering room, laundry, and additional storage closets.			
Name of Applicant or Sponsor: Vecino Group New York LLC		Telephone: 417-861-6212	
		E-Mail: Rick@VecinoGroup.com	
Address: 305 W Commercial Street			
City/PO: Springfield, MO 65803		State:	Zip Code:
1. Does the proposed action only involve the legislative adoption of a plan, local law, ordinance, administrative rule, or regulation? If Yes, attach a narrative description of the intent of the proposed action and the environmental resources that may be affected in the municipality and proceed to Part 2. If no, continue to question 2.		NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>
2. Does the proposed action require a permit, approval or funding from any other governmental Agency? If Yes, list agency(s) name and permit or approval:		NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>
3.a. Total acreage of the site of the proposed action?		.45 acres	
b. Total acreage to be physically disturbed?		_____ acres	
c. Total acreage (project site and any contiguous properties) owned or controlled by the applicant or project sponsor?		TBD acres	
4. Check all land uses that occur on, adjoining and near the proposed action. <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Rural (non-agriculture) <input type="checkbox"/> Industrial <input checked="" type="checkbox"/> Commercial <input checked="" type="checkbox"/> Residential (suburban) <input type="checkbox"/> Forest <input type="checkbox"/> Agriculture <input type="checkbox"/> Aquatic <input type="checkbox"/> Other (specify): _____ <input type="checkbox"/> Parkland			

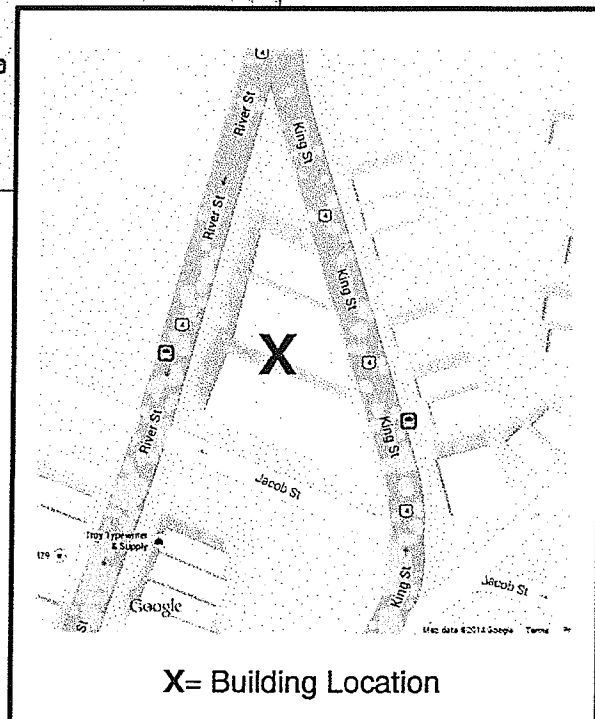
5. Is the proposed action, a. A permitted use under the zoning regulations?	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>
b. Consistent with the adopted comprehensive plan?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Is the proposed action consistent with the predominant character of the existing built or natural landscape?	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	
7. Is the site of the proposed action located in, or does it adjoin, a state listed Critical Environmental Area? If Yes, identify: _____	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	
8. a. Will the proposed action result in a substantial increase in traffic above present levels?	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	
b. Are public transportation service(s) available at or near the site of the proposed action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
c. Are any pedestrian accommodations or bicycle routes available on or near site of the proposed action?	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
9. Does the proposed action meet or exceed the state energy code requirements? If the proposed action will exceed requirements, describe design features and technologies: _____	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	
10. Will the proposed action connect to an existing public/private water supply? If No, describe method for providing potable water: _____	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	
11. Will the proposed action connect to existing wastewater utilities? If No, describe method for providing wastewater treatment: _____	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	
12. a. Does the site contain a structure that is listed on either the State or National Register of Historic Places?	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	
b. Is the proposed action located in an archeological sensitive area?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
13. a. Does any portion of the site of the proposed action, or lands adjoining the proposed action, contain wetlands or other waterbodies regulated by a federal, state or local agency?	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	
b. Would the proposed action physically alter, or encroach into, any existing wetland or waterbody? If Yes, identify the wetland or waterbody and extent of alterations in square feet or acres: _____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
14. Identify the typical habitat types that occur on, or are likely to be found on the project site. Check all that apply: <input type="checkbox"/> Shoreline <input type="checkbox"/> Forest <input type="checkbox"/> Agricultural/grasslands <input type="checkbox"/> Early mid-successional <input type="checkbox"/> Wetland <input checked="" type="checkbox"/> Urban <input type="checkbox"/> Suburban			
15. Does the site of the proposed action contain any species of animal, or associated habitats, listed by the State or Federal government as threatened or endangered?	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	
16. Is the project site located in the 100 year flood plain?	NO <input type="checkbox"/>	YES <input checked="" type="checkbox"/>	
17. Will the proposed action create storm water discharge, either from point or non-point sources? If Yes, a. Will storm water discharges flow to adjacent properties? <input type="checkbox"/> NO <input type="checkbox"/> YES	NO <input checked="" type="checkbox"/>	YES <input type="checkbox"/>	
b. Will storm water discharges be directed to established conveyance systems (runoff and storm drains)? If Yes, briefly describe: _____	<input type="checkbox"/> NO <input type="checkbox"/> YES		

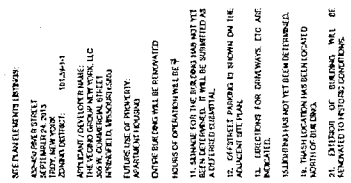
18. Does the proposed action include construction or other activities that result in the impoundment of water or other liquids (e.g. retention pond, waste lagoon, dam)? If Yes, explain purpose and size: _____	NO	YES
_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19. Has the site of the proposed action or an adjoining property been the location of an active or closed solid waste management facility? If Yes, describe: _____	NO	YES
_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
20. Has the site of the proposed action or an adjoining property been the subject of remediation (ongoing or completed) for hazardous waste? If Yes, describe: _____	NO	YES
_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>
I AFFIRM THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE Rick Manzardo, Member of Applicant/sponsor name: <u>Vecino Group New York LLC</u> Date: <u>7/6/15</u> Signature: <u>X</u> <u>[Signature]</u>		

Location Map Short Environmental Assessment Form



 = 444 River Lofts property





SCHEMATIC OVERALL SITE PLAN

